Edgar Filing: FMC CORP - Form 4

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July 16, 2010	l i i i i i i i i i i i i i i i i i i i											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHANG									Expires:	January 31,		
						CIA	LOW	NERSHIP OF	Estimated a	2005 average		
Section 16. S					ITIES				burden hours per			
Form 4 or Form 5			~ • • •		a	_			response	response 0.5		
obligation								ge Act of 1934,				
may conti				•	•	· ·		of 1935 or Sectio	n			
See Instru	ction	30(h)	of the Inv	vestment (Company	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
(Time of Type it	esponses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading					g	5. Relationship of Reporting Person(s) to						
GREER C S	COTT		Symbol					Issuer				
			FMC CO	ORP [FM	C]			(Check all applicable)				
(Last) (First) (Middle) 3. Da				Earliest Tra	ansaction							
1735 MARKET STREET 07/15/			(Month/Da	th/Day/Year)				Director 10% Owner				
			07/15/2010					Difficer (give title Other (specify below) below)				
			4. If Amer	ndment, Dat	e Original			6. Individual or Joint/Group Filing(Check				
Filed				th/Day/Year)				Applicable Line)				
								_X_Form filed by One Reporting Person Form filed by More than One Reporting				
PHILADELI	PHIA, PA 1910)3						Person		epoteng		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D			3.	onAcquired (A) or			Securities F Beneficially (6. Ownership Form: Direct	7. Nature of Indirect Beneficial Ownership		
Security	(Month/Day/Yea		on Date, if									
(Instr. 3)		any (Month)	Day/Voor)	Code Disposed of (Instr. 8) (Instr. 2.4 a)					(D) or Indirect (I)			
					3)	Following	(Instr. 4)	(Instr. 4)				
					Reported	((
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	07/15/2010			٨	3 (1)	Α	\$0	19,616	D			
Stock	07/15/2010			А	<u>5 (-)</u>	A	э О	19,010	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and 4)	Owne
	Security				Acquired	1				Follo
	2				(A) or					Repo
					Disposed	1				Trans
					of (D)					(Instr
					(Instr. 3,					``
					4, and 5)					
				Code V	(A) (D)		•	Title Amoun	t	
						Exercisable	Date	or		
								Numbe	r	
								of		
								Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other **GREER C SCOTT 1735 MARKET STREET** PHILADELPHIA, PA 19103 Signatures /s/ Andrea E. Utecht, as Attorney in fact for C. Scott 07/16/2010

Greer

**Signature of Reporting Person

Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- These shares were issued pursuant to dividend equivalent rights in connection with vested restricted stock units held by the reporting (1) person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.