NEWMONT MINING CORP /DE/

Form 4

January 04, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB aga

Number: 3235-0287

OMB APPROVAL

Expires: January 31, 2005

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 Filed obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person **OBRIEN RICHARD T

2. Issuer Name **and** Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

NEWMONT MINING CORP /DE/

NEWMONT MINING CORP/DE/ NEM1

(Check all applicable)

Director, President & CEO

[NEM]

12/31/2011

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)

X Director ____ 10% Owner _X_ Officer (give title ____ Other (specify below)

6363 SOUTH FIDDLERS GREEN

(Street)

CIRCLE

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting

Person

GREENWOOD VILLAGE, CO 80111

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Execution Date, if (Month/Day/Year) TransactionAcquired (A) or Securities Form: Direct Indirect Security (Instr. 3) Code Beneficially (D) or Indirect Beneficial Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Ownership (I) Following (Instr. 4) (Instr. 4)

(A) Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price (Instr

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

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SEC 1474

(9-02)

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 Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transa | 5 ction\ | Number | 6. Date Exer Expiration D | | 7. Title and A Underlying S | | 8. Price of Derivative |
|------------------------|------------------------------------|--------------------------------------|------------------|--------------|------------------------|--|---------------------------|--------------------|-----------------------------|--|------------------------|
| Security | or Exercise | (Wolldin Buy, Tear) | any | Code | 0 | | (Month/Day | | (Instr. 3 and | | Security |
| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8 | S A (. I o | Derivative Securities Acquired A) or Disposed of (D) Instr. 3, | S | | | | (Instr. 5) |
| | | | | | 4 | , and 5) | | | | | |
| | | | | Code | V (| A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock | <u>(1)</u> | 12/31/2011 | | A | | 1 | (2) | (2) | Common Stock | 1 | \$ 60.01 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| OBRIEN RICHARD T | | | | | | | |

6363 SOUTH FIDDLERS GREEN CIRCLE GREENWOOD VILLAGE, CO 80111

X

Director, President & CEO

Signatures

Stephen P. Gottesfeld, Secretary, as attorney-in-fact

01/04/2012

**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).
- (1) Converted on a 1-for-1 basis.
- (2) Shares of phantom stock are payable in cash following termination of the reporting person's employment with the Issuer or pursuant to elective distributions in accordance with the terms and conditions of the Savings Equalization Plan of the Issuer.

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.

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