#### Edgar Filing: MOSAIC CO - Form 4

MOSAIC CO

Form 4											
August 06, 2	ГЛ								OMB APPROVAL		
	UNITE	D STATES		ITIES Al hington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 or	G. STAT								Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 1	7(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> PROKOPANKO JAMES T			2. Issuer Name <b>and</b> Ticker or Trading Symbol MOSAIC CO [MOS]				g	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(Last) (First) (Middle)			_	-			(Check all applicable)			
3033 CAMF E490	3. Date of Earliest Transaction (Month/Day/Year) 08/02/2007					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President & CEO					
				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
PLYMOUT	H, MN 55441							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Yo	ear) Executi any	emed ion Date, if /Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock								0	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Restricted Stock Units	\$ 0 <u>(3)</u>					11/30/2007	(1)	Common Stock	3,4
Restricted Stock Units	\$ 0 <u>(3)</u>					08/01/2008	(1)	Common Stock	3,4
Restricted Stock Units	\$ 0 <u>(3)</u>					08/04/2009	(1)	Common Stock	67,7
Stock Option (right to buy)	\$ 15.45					08/04/2007 <u>(2)</u>	08/04/2016	Common Stock	181,
Restricted Stock Units	\$ 0 <u>(3)</u>					10/06/2009	(1)	Common Stock	6,1
Stock Option (Right to Buy)	\$ 20.7					02/01/2008 <u>(2)</u>	02/01/2017	Common Stock	53,9
Restricted Stock Units	\$ 0 <u>(3)</u>					02/01/2010	(1)	Common Stock	21,7
Stock Option (Right to Buy)	\$ 40.03	08/02/2007		A	83,433	08/02/2008 <u>(2)</u>	08/02/2017	Common Stock	83,4
Restricted Stock Units	\$ 0 <u>(3)</u>	08/02/2007		А	34,974	08/02/2010	<u>(1)</u>	Common Stock	34,9

# **Reporting Owners**

Reporting Owner Name / Address		Rel			
	Director	10% Owner	Officer	Other	

PROKOPANKO JAMES T 3033 CAMPUS DRIVE, SUITE E490 PLYMOUTH, MN 55441

President & CEO

## Signatures

s/Richard L. Mack, Attorney in fact for James T. Prokopanko

\*\*Signature of Reporting Person

08/06/2007

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) Not applicable.
- (2) Vests as to annual cumulative installments of 33.33% one year from date of grant, beginning this date.

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(3) one-for-one

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.