Edgar Filing: Naccarati David C - Form 4

Naccarati Davi Form 4											
February 03, 2	Л	STATES		TIES AN iington, I			GE CO	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b).	Filed pu Section 17	F CHANG Section 160 Public Util	CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ction 16(a) of the Securities Exchange Act of 1934, ablic Utility Holding Company Act of 1935 or Section f the Investment Company Act of 1940					January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type Rea	sponses)										
1. Name and Address of Reporting Person [*] Naccarati David C			2. Issuer Name and Ticker or Trading Symbol PHELPS DODGE CORP [PD]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) C/O PHELPS DODGE CORPORATION, ONE NORTH CENTRAL AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 02/01/2005				- - t	(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) President - PDMC			
	(Street)		4. If Ameno Filed(Month		e Original		A	5. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by Mo	ne Reporting Per	rson	
PHOENIX, A							Ī	Person		porting	
(City)	(State)	(Zip)		I - Non-De	rivative Se	ecurit	ies Acqui	ired, Disposed of,	or Beneficial	-	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executi any	emed ion Date, if /Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose	d 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 SHARES	02/01/2005			A <u>(1)</u>	2,300	A	\$ 96.19	12,481	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. Transactio Code (Instr. 8)	Transaction of Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Options / Right to Purchase	\$ 96.19	02/01/2005		A <u>(2)</u>	4,000	<u>(3)</u>	02/02/2015	Common Shares	4,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Naccarati David C C/O PHELPS DODGE CORPORATION ONE NORTH CENTRAL AVENUE PHOENIX, AZ 85004			President - PDMC				
Signatures							
/ s / S. David Colton, Attorney-in-fact for	David C.						
Naccarati			02/03/2005				
<u>**</u> Signature of Reporting Person			Date				
Explanation of Respons	es:						
* If the form is filed by more than one reporting p	berson, <i>see</i> I	nstruction 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).

AWARD OF RESTRICTED STOCK PURSUANT TO THE PHELPS DODGE 2003 STOCK OPTION AND RESTRICTED STOCK
 (1) PLAN AND INCLUDES THE RIGHT TO HAVE SHARES WITHHELD TO SATISFY STATE AND FEDERAL TAX WITHHOLDING OBLIGATIONS.

GRANT OF STOCK OPTIONS PURSUANT TO TO THE PHELPS DODGE 2003 STOCK OPTION AND RESTRICTED STOCK
(2) PLAN AND INCLUDES THE RIGHT TO HAVE SHARES WITHHELD TO SATISFY STATE AND FEDERAL TAX WITHHOLDING OBLIGATIONS.

(3) THE OPTIONS WILL VEST IN THREE SUBSTANTIALLY EQUAL ANNUAL INSTALLMENTS COMMENCING ON THE FIRST ANNIVERSARY OF THE GRANT DATE.

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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