Edgar Filing: Hoffmeister David F - Form 4

Hoffmeister I	David F										
Form 4											
April 29, 201	9										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO								r	OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OND	3235-0287		
Check this	s box		vv as	nington,	D.C. 203	549			Number:	January 31,	
if no longer STATEMENT OF CH				CES IN F	RENEFI	CIA		NFRSHIP OF	Expires:	2005	
subject to Section 16									Estimated average		
Form 4 or								burden hours per response 0.5			
Form 5		pursuant to	Section 16	(a) of the	Securiti	ies Ez	xchans	ge Act of 1934,	16300136	0.0	
obligation	^{IS} Section	-						f 1935 or Sectio	n		
may conti See Instru	nue.		of the Inv	•	•	- ·					
1(b).	ction										
(Print or Type R	esponses)										
1	1.1	:						5 Deletienshin et		(-) +-	
II CC I D IID				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Hoffmeister David F Symbol Issuer Celanese Corp [CE]											
						(Check all applicable)					
(Last)	(First)	(Middle)		Earliest Tra	insaction			V D'	100		
C/O CELANESE			(Month/Day/Year) 04/25/2010					X_ Director 10% Owner Officer (give title Other (specify			
CORPORATION, 222 W. LAS			04/25/2019					below) below)			
	VD., SUITE										
	(Street)		4 If Amor	dmant Dat	o Original			6 Individual or L	oint/Group Fili	ag(Chaolr	
(Sueer)				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
	rica(nonurbay/rear)					_X_Form filed by One Reporting Person					
IRVING, TX	x 75039-5421							Form filed by M Person	More than One Re	eporting	
	(54-4-)	(7:									
(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		on Date, if TransactionAcquired (A) or Code Disposed of (D)					5. Amount of	6. Ownership		
Security	(Month/Day/Y	,						Securities Beneficially		Indirect Beneficial	
(Instr. 3)		any (Month)					·	Owned	(D) or Indirect (I)	Ownership	
		X	• • • • • • • • • •			Following		(Instr. 4)			
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V		(D)	Price	(
Common Stock	04/25/2019			А	1,404 (1)	А	\$0	44,571	D		
STOCK					<u>(-)</u>						

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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

S

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hoffmeister David F C/O CELANESE CORPORATION 222 W. LAS COLINS BLVD., SUITE 900N IRVING, TX 75039-5421	Х						
Signatures							
/s/ James R. Peacock III, Attorney-in-Fact for I Hoffmeister	David F.		04	/29/201			

**Signature of Reporting Person

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).
- Annual grant of restricted stock units pursuant to the Company's 2018 Global Incentive Plan. The restricted stock units vest in full on the (1) one-year anniversary of the date of grant.

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.

9

Date