Edgar Filing: CF Industries Holdings, Inc. - Form 4

	s Holdings, In	с.									
Form 4											
July 27, 2015									OMB AF	OMB APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box				sinigton, D.C. 20347					Expires:	January 31,	
if no long subject to	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Verage				
Section 16.				SECURITIES					burden hou	rs per	
Form 4 o Form 5		nursuant to	Section 1	6(a) of th	e Securi	ties F	xchano	e Act of 1934,	response	0.5	
obligation	ns Section	•					•	f 1935 or Section	n		
may cont <i>See</i> Instru		30(h)	of the In	vestment	Compar	iy Ac	t of 194	10			
1(b).											
(Print or Type F	Responses)										
1. Name and A	ddress of Report	ing Person <u>*</u>	2. Issue	r Name and Ticker or Trading			5. Relationship of Reporting Person(s) to				
TT 11 A 1 T				Symbol				Issuer			
CF				CF Industries Holdings, Inc. [CF]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction						<u>_</u>		
C/O CF INI	OUSTRIES HO	OLDINGS.	(Month/E 07/23/2	Day/Year) 2015			Director 10% Owner X Officer (give title Other (specify				
	RKWAY NOR		0112312	015				below) below) VP, Corporate Development			
SUITE 400								vi, corp		lient	
				Amendment, Date Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
				onth/Day/Year)							
DEERFIELD, IL 60015								fore than One Reporting			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I			3. Transactiv	4. Securi		-	5. Amount of Securities	6. Ownership		
Security (Month/Day/Year) Execution I (Instr. 3) any			ni Date, n	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				Beneficially	Form: Direct Indirect (D) or Beneficia	Beneficial	
	Day/Year)	OwnedIndirect (I)OwnershiFollowing(Instr. 4)(Instr. 4)									
						()		Reported	(11150.4)	(11150.4)	
						(A) or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(Instr. 5 and 4)			
Common stock, par							\$				
value \$0.01	07/23/2015			F	2,148	D	\$ 62.32	17,132 (1)	D		
per share											

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.

Edgar Filing: CF Industries Holdings, Inc. - Form 4

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	ation Date h/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hall Adam L C/O CF INDUSTRIES HOLDINGS, INC. 4 PARKWAY NORTH, SUITE 400 DEERFIELD, IL 60015			VP, Corporate Development				
Signatures							
/s/ Douglas C. Barnard, by power of attorney	07	//27/2015					
**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) On June 17, 2015, the common stock of CF Industries Holdings, Inc. split 5-for-1, resulting in the reporting person's ownership of 15,424 additional shares of common stock.

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.