## Edgar Filing: Hall Adam L - Form 4

Hall Adam L	,											
Form 4												
March 07, 20	_											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMIS						OMMISSION					
	UNITE	DSIAILS		shington,			INGE C	.01111155101	OMB Number:	3235-0287		
Check thi	is box		vv ac	inington,	D.C. 20	547				January 31,		
if no longer STATEMENT OF CHAN				GES IN I	BENEF	ICIA	LOW	NERSHIP OF	Expires: 20			
subject to Section 1	)			SECURITIES					Estimated a			
Form 4 o				SECONTIES					burden hours per response 0.5			
Form 5	Filed p	oursuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,		010		
obligation	ns Section 1						•	1935 or Section	n			
may cont See Instru		30(h)	of the In	vestment	Compan	iy Ac	t of 194	0				
1(b).												
(D.)												
(Print or Type F	Responses)											
1 Name and A	ddress of Reporti	ng Person *	2 Issue	Name and	Ticker or	Tradi	ng	5 Relationship of	f Reporting Person(s) to			
			Symbol	Ivanie anu	TICKEI UI	maun	ng	Issuer				
			•	CF Industries Holdings, Inc. [CF]								
(Lost)	(First)	(Middle)			C		<b>J</b>	(Chec	k all applicable	:)		
(Last)	(Pirst)	(windule)	(Month/D	Earliest Tra	ansaction			Director	10%	Owner		
C/O CF INI	OUSTRIES HO	OLDINGS.	03/05/20	-				Officer (give		er (specify		
INC., 4 PARKWAY NORTH,				2010				below) below) VP, Corporate Development				
SUITE 400								vr, Corp	orate Developi	nent		
	(Street)	(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check			
· · · · · · · · · · · · · · · · · · ·			/onth/Day/Year)				Applicable Line)					
								_X_ Form filed by C				
DEERFIEL	D, IL 60015							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tahl	a I Non D	onivotivo	Soon	itios A og	uired, Disposed of	on Ponoficial	ly Owned		
1 77.41 6	от <i>с</i> г						-	· · -		•		
1.Title of Security	2. Transaction E (Month/Day/Ye		ned n Date, if	3. Transactio	4. Securi			5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(Wondis Duy) Te	any	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Beneficially		Beneficial		
		(Month/Day/Ye								Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Codo V	Amount	or	Drico	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
stock, par							\$					
value \$0.01	03/05/2018			F	598	D	φ 44.56	26,996	D			
per share							0					

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.

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 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)	;	Date	7. Titl Amou Under Secur (Instr.	unt of rlying	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**

<b>Reporting Owner Name / Address</b>	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	03	3/07/2018						
**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).

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.