## Edgar Filing: Chemours Co - Form 4

Chemours Co	C										
Form 4	016										
October 04, 2											
FORM	14 <sub>UNITI</sub>	ED STATE!	S SECUR	ITIES A	ND EXC	'HAI	NGE	COMMISSION	т	PPROVAL	
	UIIII			hington,					OMB Number:	3235-0287	
Check thi				8,					Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGE				GES IN I	ES IN BENEFICIAL OWNERSHIP OF					2005	
Section 1		SECTIONTES								Estimated average burden hours per	
Form 4 or Form 5								response	. 0.5		
obligation		-						ge Act of 1934,	- 10		
may conti	inue. Section		) of the Inv	•	•	- ·		of 1935 or Sectio 40	911		
See Instru 1(b).	iction	50(11)	) of the m	vestment	company	y 1 ici	. 01 17	10			
-(-).											
(Print or Type R	Responses)										
1. Name and A	ddress of Report	ting Person *	2 Issuer	Name and	Ticker or 1	Fradin	a	5. Relationship of	f Reporting Per	son(s) to	
			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol				Issuer			
			•	rs Co [CC	C]					<b>`</b>	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cheo	ck all applicable	e)	
· · /	· · ·	. ,	(Month/D					_X_ Director	109	6 Owner	
C/O THE CHEMOURS			09/30/2016					Officer (give title Other (specify below) below)			
	, 1007 MARI	KET						0010(1)	0010 (())		
STREET											
				f Amendment, Date Original			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
			Filed(Mon	led(Month/Day/Year)							
WILMINGT	TON, DE 198	99							More than One R		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securit	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	(ear) Executi	ion Date, if	Transactio Code	onAcquired			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month	/Day/Year)	-	Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Wonth	(Day) (Car)	(1130.0)	(1130. 5,	+ and	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
				<b>a</b>		or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Stock								53,915.66 <u>(1)</u>	D		
Stock											

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)	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		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
Stock Units	<u>(2)</u>	09/30/2016		А	1,406.25		(3)	(3)	Common Stock	1,406.25

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
BROWN RICHARD H C/O THE CHEMOURS COMPANY 1007 MARKET STREET WILMINGTON, DE 19899	Х						
Signatures							
Brian Morrissey, attorney-in-fact for I	10/04/2016						

**Explanation of Responses:** 

\*\*Signature of Reporting Person

\* 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) Includes restricted stock units and dividend equivalent units.

(2) Units are credited under the Chemours deferred compensation plan for directors and convert one-for-one to Chemours common stock.

Date

(3) Payable upon separation from service.

Brown

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.