Edgar Filing: PRAXAIR INC - Form 4

PRAXAIR INC Form 4 February 26, 2003

FORM 4

_ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

> Filed By Romeo and Dye's Section 16 Filer www.section16.net

1 0					me and Tice. (PX)	ker or '	Trading	g Symbol	Pers	Relationship o son(s) ssuer (Check	of Reporting all applicable)		
(Last) (First) (Middle) Community Health Systems, Inc. 155 Franklin Road, Suite 400				rting	ntification 2 g Person, voluntary)	Numbe	Mo	Statement for onth/Day/Year 25/03	10% C	X Director 10% Owner Officer (give title below) Other (specify below)			
(Street) Brentwood, TN 37027-4600								f Amendment, te of Original onth/Day/Year)	(Ch <u>X</u> F Pers _ F	7. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)				Table I Non-Derivative Securities Acquired,						Disposed of, or Beneficially Owned			
1. Title of Security (Instr. 3)	action Date (Month/ Day/ Year)	2A. Deemed Execution Date, if any (Month/Day/ Year)	3. Trans- action Code (Instr. 8) Code V		4. Securitie (A) or Disp (Instr. 3, 4 Amount	posed o		5. Amount of Securities Beneficially Owned Following Reported Transactions(s)	sl D o	hip Form: Direct (D) r Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(D)		(Instr. 3 & 4)						

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

FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially **Owned**

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

(vig.) puttly variation, options, convertible securities,												
1. Title of	2. Conver-	3. Trans-	3A.	4.	5. Number	6. Date Exercisable	7. Title and	8. Price of	9. Number of	10.	11. Nature	
Derivative	sion or	action	Deemed	Trans-	of	and Expiration	Amount of	Derivative	Derivative	Owner-	of Indirect	
Security	Exercise	Date	Execution	action	Derivative	Date	Underlying	Security	Securities	ship	Beneficial	
	Price of		Date,	Code	Securities	(Month/Day/	Securities	(Instr. 5)	Beneficially	Form	Ownership	
(Instr. 3)	Derivative	(Month/	if any		Acquired	Year)	(Instr. 3 & 4)		Owned	of Deriv-	(Instr. 4)	
	Security	Day/	(Month/	(Instr.	(A) or				Following	ative		
		Year)	Day/	8)	Disposed				Reported	Security:		
			Year)		of (D)				Transaction(s)	Direct		
									(Instr. 4)	(D)		
					(Instr. 3, 4					or		

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Edgar Filing: PRAXAIR INC - Form 4

						& 5)							Indirect	
				Code	V	(A)	 Date Exer-cisable	Expira- tion Date		Amount or Number of Shares		(I) (Instr. 4)		
Deferred Stock(1)	1 for 1	02/24/03		A		64.387	(2)	_	Common Stock		46.593			
Deferred Stock(1)	1 for 1	02/25/03		A		65.244	(2)	1—	Common Stock	65.244	45.981	2,764.137	D	

Explanation of Responses:

(1) Deferred stock units acquired by reporting person under the Praxair, Inc. Director's Fees Deferral Plan and are to be settled in Praxair common stock upon the reporting person's retirement or termination of service. (2) See Note (1) above.

> By: /s/ Mark S. Lyon Attorney-in-fact

February 26, 2003 Date

**Signature of Reporting Person

**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.

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 Number.