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$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	PEABODY ENERGY CORP Form 4 February 18, 2016 FORM 4 UNITED STATES SECURITIES AND EXE Washington, D.C. 20 Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securit						C. 20549 NEFICIAL OWNERSHIP OF IES NUmber: 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5					
1. Name and Address of Reporting Person $\frac{1}{2}$ 2. Issuer Name and Ticker or Training Symbol PEABODY ENERGY COFF [BTU]5. Relationship of Reporting Person(s) to Issuer(Last)(First)(Middle)3. Date of Earliest Transaction (Month/Day/Year)(Check all applicable)701 MARKET STREET02/16/2016 $\frac{-X}{2}$ Director Director10% Owner $\frac{-X}{2}$ Officer (give tild $\frac{-1}{2}$ Other (specify below)(Street)4. If Amendment, Date Original Filed(Month/Day/Year)6. Individual or Joint/Group Filing(Check Applicable Line) $\frac{-X}{2}$ Form filed by More than One Reporting Person $\frac{-X}{2}$ Other (specify by More than One Reporting Person $\frac{-X}{2}$ Form filed by More than One Reporting Person $\frac{-X}{2}$ Other (specify by Mor	See Instruction 30(h) of the Investment Company Act of 1940											
IssuerIssuerIssuerIssuerIssuerIssuerIssuerIssuerIssuerIssuer(Last)(First)(Month/Day/Year)Colspan="4">(Isreet)IssuerIssuer(Last)(Month/Day/Year)Issuer(Isreet)(Month/Day/Year)Issuer(Street)(Month/Day/Year)Issuer(Street)(Month/Day/Year)Issuer(City)(Street)(Month/Day/Year)Issuer(City)(Street)(Month/Day/Year)Issuer(City)(Street)(Street)(Street)(Istre City)(Month/Day/Year)Istre Colspan="4">Istre Colspan="4">(Istre City)(City)(Street)(Street)(Street)(Istre City)(Month/Day/Year)Istre Colspan="4">(Istre City)(Month/Day/Year)Istre Colspan="4">(Istre City)(City)(Street)(Street)(Street)(City)(City)(Street)	(Print or Type R	Responses)										
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701 MARKET STREET 02/16/2016 $x_{officer (give tile other (specify below)} resident and CEO}$ (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) .X_ Form filed by One Reporting Person 	(Last)								(Check all applicable)			
Filed(Month/Day/Year) Applicable Line) _X. Form filed by One Reporting Person _Form filed by One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Security State I - Non-Derivative Securities 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, in any (Month/Day/Year) 3. 4. Securities - Code (D) State - Securities (Instr. 4) 5. Amount of Securities (Instr. 4) 6. Ownership Following None 7. Nature of Indirect (D) (Instr. 4) Code V Amount (Instr. 8) 1. State 6. Ownership (Instr. 4) 7. Nature of Indirect (D) (Instr. 4) Common Stock 02/16/2016 F A 1. State 9 8 3. 9								X Officer (give title Other (specify below)				
ST. LOOUIS, MO 03101Person(City)(State)(Zip)Table I - Non-Derivative Securities Acquired, Disposed of Security (Instr. 3)Disposed of Security (Month/Day/Year)S. Amount of Execution Date, if any (Month/Day/Year)S. A Deemed Execution Date, if any (Month/Day/Year)S. A Deemed Execution Date, if any (Month/Day/Year)S. A Securities Acquired Transaction(A) or Disposed of Code (D)S. Amount of Securities6. Ownership Form: Direct Indirect (D) or Indirect (I) Ownership (Instr. 4)7. Nature of Indirect Beneficial Ownership (Instr. 4)Common Stock02/16/2016A1,864A\$ (1)2.3228,543 (2)DCommon Stock02/16/2016F622D\$ 2.3227,921 (2)DBy 401(k)			-				Applicable Line) _X_ Form filed by One Reporting Person					
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed 	ST. LOUIS,	MO 63101							viore than One Re	eporting		
Security (Instr. 3)(Month/Day/Year)Execution Date, if any (Month/Day/Year)Transaction(A) or Disposed of Code (Instr. 8)Securities (D) (Instr. 3, 4 and 5)Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)Form: Direct Indirect (I) Ownership (Instr. 4)Common Stock02/16/2016A1,864A (1)S 2.32S StockForm: Direct Indirect (I) Owned (Instr. 4)Common Stock02/16/2016F622DS 2.327,921 (2) 2.32DCommon Stock02/16/2016F622DS 2.327,921 (2) 2.32DBy 401(k)	(City)	(State) ((Zip)	Table I - Non	Derivative	Secur	ities Acc	uired, Disposed o	f, or Beneficial	lly Owned		
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Common 1 348 J By 401(k)		02/16/2016		А	1,864		پ 2.32	8,543 <u>(2)</u>	D			
1 1 /1 X		02/16/2016		F	622	D	\$ 2.32	7,921 <u>(2)</u>	D			
								1,348	I			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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number.

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactia Code (Instr. 8)	5. 6. Date Exercisable orNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	
D				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Amount or Title Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Kellow Glenn L 701 MARKET STREET ST. LOUIS, MO 63101	Х		President and CEO					
Signatures								
/s/ Glenn L. Kellow By: Priscil Attorney-in-Fact	nn L. Kellow By: Priscilla Duncan, 02/18. cy-in-Fact							
** Signature of Report		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) The securities were issued to the reporting person pursuant to the payout of a performance unit award under the issuer's Long-Term Equity Incentive Plan.
- (2) Includes 220 shares held by the reporting person in the Company's Employee Stock Purchase Plan

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.