Edgar Filing: Mancini Lisa A. - Form 4

Mancini Li	sa A.												
Form 4 May 08, 20	012												
	ЛЛ									IB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Numbe	er: 3235-0287				
Check this box if no longer subject to Section 16. Form 4 or									Expires	January 31, 2005			
					N BENEI JRITIES	FICI	AL OW	NERSHIP O	Estima	ted average hours per			
Form 5 obligations may continue. See Instruction 1(b). 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													
(Print or Type	e Responses)												
Mancini Lisa A. Symbo				suer Name and Ticker or Trading bl CORP [CSX]				5. Relationship of Reporting Person(s) to Issuer					
(Last)					te of Earliest Transaction				(Check all applicable)				
(Mont			Month/	nth/Day/Year) 04/2012				Director 10% Owner X Officer (give title Other (specify below) SVP - Chief Administrative Off					
				mendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
JACKSON	WILLE, FL 3220	2						Person	y wore than o	ne Reporting			
(City)	(State)	(Zip)	Tab	ble I - Non	-Derivativ	e Seci	irities Ac	equired, Disposed	of, or Bene	ficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			(A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
Common Stock	05/04/2012			F	5,005 (1)	D	\$ 22.15	119,998	D				
Common Stock (2)	05/08/2012			А	13,844	А	\$ 21.99	133,842	D				
Common Stock								61,965	I	Executive Deferred Compensation Plan (3)			
Common Stock								7,255	I	CSX Corporation 401(k) Plan			

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
									Amount		
						Date	Expiration	-	or		
						Exercisable Date	-	Title	Number		
								of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Mancini Lisa A. 500 WATER STREET JACKSONVILLE, FL 32202			SVP - Chief Administrative Off					

Signatures

/s/ Mark D. Austin, Attorney-in-Fact

**Signature of Reporting Person

05/08/2012 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) Withholding of stock to satisfy tax withholding obligation.
- (2) Restricted stock units awarded pursuant to the approved 2010 CSX Stock and Incentive Award Plan. The units vest on May 7, 2015.
- (3) By Trustee, CSX Corporation Executive Deferred Compensation 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.