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MOSAIC	CO											
Form 4												
August 03,	, 2005											
FOR	M 4		FOU			CIL	NOT			PPROVAL	-	
	UNITED	STATES SI		RITIES A shington			NGE	COMMISSIO	N OMB Number:	3235-0	287	
Check this box								Expires:	January			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OW								WNERSHIP OF	Estimated		2005	
Section	n 16.			SECUE			burden hours per					
Form 4	_	_					_		response		0.5	
Form 5 obligat	ions I'lleu pu							nge Act of 1934,				
	Section 17			•	•	-	•	of 1935 or Secti	on			
	struction	30(h) of	the Ir	ivestment	Compar	ny Ao	ct of 1	940				
1(b).												
(Print or Typ	a Dasponsas)											
(Thit of Typ	e Responses)											
1 Name and	l Address of Reporting	Person*) Leona	r Nama an	Tieker o	Tradi	ing	5 Relationshin	of Reporting Per	son(s) to		
	ER LINDA		2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer						
1111111011		•	$\frac{105}{105}$		1051							
			MOSAIC CO [MOS]					(Check all applicable)				
(Last)	(First) (f Earliest T	ransaction							
2022 CAN	ADUS DDIVE SU		Month/Day/Year)					Director X Officer (gi		title 10% Owner		
5055 CAN E490	APUS DRIVE, SU		8/01/2005			below) below)						
E490								,	Vice President			
	(Street)	4.	If Am	endment, D	ate Origina	al		6. Individual or	Joint/Group Fili	ng(Check		
Filed(M				led(Month/Day/Year)				Applicable Line)				
								X Form filed by	One Reporting Po More than One Ro			
PLYMOU	JTH, MN 55441							Person	whole than one K	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed		3.	4. Securit	ties		5. Amount of	6. Ownership	7. Nature of	of	
Security	(Month/Day/Year)	Execution Da	te, if	Transactio	-			Securities	Form: Direct	Indirect		
(Instr. 3)		any		Code	Disposed			Beneficially	(D) or Indirect			
		(Month/Day/	Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	(I) (Instr. 4)	Ownership (Instr. 4))	
								Reported	(1150.4)	(111501. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
					mount		Thee					
Reminder: R	eport on a separate line	e for each class	of secu	urities benet	ficially ow	ned di	rectly o	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. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securitie
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Grant of Restricted Stock Units	\$ 0	10/29/2004		А	6,649		10/29/2008	<u>(1)</u>	Common Stock	6,64
Grant of Stock Option	\$ 15.04	10/29/2004		А	3,462		10/29/2007	10/29/2014	Common Stock	3,46
Grant of Restricted Stock Units	\$ 0	08/01/2005		A	4,638		08/01/2008	(1)	Common Stock	4,63
Grant of Stock Option	\$ 17.29	08/01/2005		А	13,915		08/01/2006 <u>(2)</u>	08/01/2015	Common Stock	13,9

Reporting Owners

Reporting Owner Name / Address		Rela						
	Director	10% Owner	Officer	Other				
THRASHER LINDA 3033 CAMPUS DRIVE SUITE E490 PLYMOUTH, MN 55441			Vice Pre	esident				
Signatures								
s/Richard L. Mack, Attorney in fact for Lind Thrasher			nda 08/03/2005					
**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).
- (1) Not applicable.
- (2) Vests 33.33% on August 1, 2006, August 1, 2007 and August 1, 2008.

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.