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PRAXAIR I Form 4	INC									
October 02,	2015									
	ЛЛ								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287		
Check this box							Expires:	January 31, 2005		
if no longer subject to Section 16. Form 4 or				HANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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								. 0.0		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> DICCIANI NANCE K			2. Issuer Name and Ticker or Trading Symbol PRAXAIR INC [PX]			5. Relationship of Reporting Person(s) to Issuer				
. .							(Check all applicable)			
(Last) (First) (Middle) C/O PRAXAIR, INC., 39 RIDGEBURY ROAD			 Date of Earliest Transaction (Month/Day/Year) 10/01/2015 			XDirector10% Owner Officer (give titleOther (specify below)Other (specify				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 						
DANBURY	Y, CT 06810-511	3					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tał	ole I - Non-l	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securi nAcquired Disposed (Instr. 3,	l (A) or l of (D)	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		(Instr. 3 and 4)			
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities bene	-	-	-			
					inforı requi	mation cont red to resp	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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 of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year) (Instr. 8	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				1)
			Code	/ (A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Unit	\$ 0 <u>(1)</u>	10/01/2015	А	271.176	(2)	(2)	Common Stock	271.176

Reporting Owners

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
DICCIANI NANCE K C/O PRAXAIR, INC. 39 RIDGEBURY ROAD DANBURY, CT 06810-5113	Х						
Signatures							
Anthony M. Pepper, Attorney-in-Fact		10/02/2015	5				

<u>**</u>Signature of Reporting Person

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).

Date

- (1) Conversion to Praxair Common Stock is on a 1-for-1 basis.
- (2) 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.
- (3) This total includes shares previously acquired through automatic dividend reinvestment under the 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.