ARZBAECHER ROBERT C

Form 4

November 13, 2012

1 10 VCIIIOCI	13, 2012											
FORM	14	CEL A ESTE	CECT	DIET	10		CII	ANGE G		OMB AP	PROVAL	
	Washington, D.C. 20549								OMB Number:	3235-0287		
if no lon subject t Section	Check this box f no longer ubject to Section 16. Gorm 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 3 200 Estimated average burden hours per response 0				
obligation may con <i>See</i> Institution 1(b).	Section 17((a) of the l	Public U	Jtility 1	Hol	ding Co	mpar	_	1935 or Section			
(Print or Type	Responses)											
1. Name and Address of Reporting Person * 2. Is ARZBAECHER ROBERT C Symb						d Ticker o			5. Relationship of Reporting Person(s) to ssuer			
			CF Ind	ustries	Н	oldings,	Inc. [[CF]	(Check all applicable)			
(Last)						ransaction	1		X Director 10% Owner			
	DUSTRIES HOL RKWAY NORTI		(Month/)	-	ar)				X Director Officer (give to below)		r (specify	
				Ionth/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			
DEERFIEL	LD, IL 60015								Person	ne man one kep	orting	
(City)	(State)	(Zip)	Tab	ole I - N	on-	Derivativ	e Secu	ırities Acqı	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$0.01 per share	11/12/2012						D	\$ 0	11,887	D		
Common Stock, par value \$0.01 per share	11/12/2012			S		563	D	\$ 197.290 (1)	7 11,324	D		

By IRA

475

I

Edgar Filing: ARZBAECHER ROBERT C - Form 4

Common Stock, par value \$0.01 per share

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.

SEC 1474

(9-02)

Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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. Transa Code (Instr.		5. Mumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

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

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
ARZBAECHER ROBERT C						
C/O CF INDUSTRIES HOLDINGS, INC.	X					
4 PARKWAY NORTH, SUITE 400	Λ					

Signatures

DEERFIELD, IL 60015

/s/ Douglas C. Barnard, by power of attorney 11/13/2012

**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)

Reporting Owners 2

Edgar Filing: ARZBAECHER ROBERT C - Form 4

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$197.29 to \$197.2915, inclusive. The reporting person undertakes to provide to CF Industries Holdings, Inc., any security holder of CF Industries Holdings, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.

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.