## Edgar Filing: MOSAIC CO - Form 4/A

MOSAIC CO

Form 4/A	<u> </u>											
· · ·	ly 28, 2016								OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or					IGES IN BENEFICIAL OWNERSHIP O SECURITIES					Expires: January 3 200 Estimated average burden hours per response 0		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns inue. Section 17(	(a) of the		tility H	lold	ling Con	ipany	y Act of	e Act of 1934, 1935 or Section 0		0.0	
(Print or Type I	Responses)											
O'Rourke James Calvin Symbol				r Name <b>and</b> Ticker or Trading [C CO [MOS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (	Middle)	3. Date of	Earlies	t Tr	ansaction			(Cneci	x all applicable	)	
C/O THE MOSAIC (Month/D COMPANY, 3033 CAMPUS DRIVE, SUITE E490				/Day/Year) /2016					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Delow) President & CEO			
				endment, Date Original onth/Day/Year) 2016					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PLYMOUT	H, MN 55441		0112012	010					Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if			Code		4. Securi n(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common	07/19/2016				V	Amount 8,877	(D)	Price \$		D		
Stock	07/18/2016			F <u>(1)</u>		(2)	D	29.28	71,282	D		

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)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
O'Rourke James Calvin C/O THE MOSAIC COMPANY 3033 CAMPUS DRIVE, SUITE E490 PLYMOUTH, MN 55441	х		President & CEO				
Signatures							
/s/ Mark J. Isaacson, Attorney-in-Fact f O'Rourke	C.	07/28/2016					
**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) Shares sold to cover tax liability incurred as a result of most recent vesting of Restricted Stock Units and Performance Units.

At the time the original Form 4 was filed, the exact number of shares sold to cover tax liability incurred as a result of the most recent vesting of Restricted Stock Units and Performance Units was estimated by the issuer's stock plan administrator. The reporting person is

(2) Vesting of restricted block onts and reformance onts was estimated by the issuer's stock plan administrator. The reporting person's tax obligations.

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.