## Edgar Filing: PFIZER INC - Form 4

PFIZER INC											
Form 4											
July 16, 2008								<u></u>			
FORM 4	UNITED	ST A TES	SECU	DITIES	AND EV		E COMMISSION	т	PPROVAL		
Check this box	UNITED	SIAIES		ashington				Number:	3235-0287		
if no longer	Expires:	January 31, 2005									
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or									average urs per		
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(	a) of the l	Public U	Jtility Ho	lding Cor		nge Act of 1934, of 1935 or Section 940				
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> READ IAN C			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			PFIZE	R INC [P	FE]		(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner				
PFIZER INC. A' SECRETARY, 2 STREET			07/15/2	2008			X Officer (gives below)	ve title Oth below) for Vice Preside	ner (specify nt		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ol> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol>					
NEW YORK, N	Y 10017							More than One R			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date hth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or 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	(D) Price	(Instr. 3 and 4)				
Pamindar: Papart or	a constata lina	for each a	ass of see	urities bene	ficially ow	ned directly	orindirectly				
Reminder: Report or	i a separate inte	e for each ci	ass of sec	unties bene	-	-	spond to the colle	ction of s	SEC 1474		
					inforn requir	nation cont ed to response ays a curre	tained in this form ond unless the fo ntly valid OMB co	n are not rm	(9-02)		
	Tab					posed of, or convertible	Beneficially Owned securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	) S A (1 D 01 (1	Deriva Securi Acquin A) or Dispos of (D) Instr. nd 5)	ties red sed 3, 4,	(Month/Day/	'Year)	(Instr. 3 and	4)	Security (Instr. 5)
				Code V	7 (	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units SSP	<u>(1)</u>	07/15/2008		А	2	241		(2)	(2)	Common Stock	241	\$ 17.5

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting of the France Francess	Director	10% Owner	Officer	Other			
READ IAN C PFIZER INC. ATT: CORPORATE SECRETARY 235 EAST 42ND STREET NEW YORK, NY 10017			Senior Vice President				
Signatures							
By: Lawrence A. Fox, by power	12000						

By: Lawrence A. Fox, by power of atty.	07/16/2008		
<u>**</u> 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) Each unit represents one phantom share of common stock.
- These units, which were acquired pursuant to the Pfizer Inc. Nonfunded Deferred Compensation and Supplemental Savings Plan, are
- (2) settled in cash following the reporting person's separation from service and may be transferred by the reporting person into an alternative investment account at any time.

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.