Edgar Filing: PFIZER INC - Form 4

PFIZER INC Form 4														
September 02, 20	08													
FORM 4	UNITED	STATES	SECU	DITIFS		ND FY	СНА	NCF			PPROVAL			
	SIAILS		ashingto	N OMB Number:	3235-028									
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								Estimated burden hoi response	Expires:January 31, 2005Estimated average burden hours per response0.5			
obligations may continue. See Instruction 1(b).	Section 17(a) of the l	Public U		old	ing Co	mpan	y Act	of 1935 or Secti					
(Print or Type Respon	nses)													
1. Name and Address of Reporting Person <u>*</u> GOODMAN COREY S			2. Issuer Name and Ticker or Trading Symbol PFIZER INC [PFE]					ing	5. Relationship of Reporting Person(s) to Issuer					
(Last) ((First)	Middle)	3. Date of	of Earliest	t Tra	insaction			(Check all applicable)					
PFIZER INC. ATT: CORPORATE SECRETARY, 235 EAST 42ND STREET			3. Date of Earliest Transaction (Month/Day/Year) 08/29/2008						Director 10% Owner X_Officer (give title Other (specify below) Senior Vice President					
(Street)		4. If Am	f Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
NEW YORK, N	Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State)	(Zip)	Tab	ole I - Nor	n-De	erivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned			
	unsaction Date th/Day/Year)	Execution any	Date, if TransactionAcquin Code Dispos ay/Year) (Instr. 8) (Instr.			Acquired Disposed Instr. 3,	(A) or		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)			
				Code	V	Amount	(D)	Price						
Reminder: Report on	a separate line	e for each cl	ass of sec	curities bei	nefic	Perso inforr requi	ons w natio red to ays a	ho res n cont o respo	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)			
	Tab								Beneficially Owner securities)	đ				

1. Title of
Derivative2.3. Transaction Date
(Month/Day/Year)3A. Deemed4.5.6. Date Exercisable and
Expiration Date7. Title and Amount of
Derivative8. Price of
Derivative

Edgar Filing: PFIZER INC - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security	Price of (Mont Derivative		Code (Instr. 8)) [S A ((I C ()	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Instr. 3 and 4)		Security (Instr. 5)
				Code N	/ ((A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units SSP	<u>(1)</u>	08/29/2008		А	,	73		(2)	(2)	Common Stock	73	\$ 19.11

Reporting Owners

Reporting Owner Name / Address		Relationships								
	Director	10% Owner	Officer	Other						
GOODMAN COREY S PFIZER INC. ATT: CORPORATE SECRET 235 EAST 42ND STREET NEW YORK, NY 10017	ARY		Senior Vice President							
Signatures										
By: Lawrence A. Fox, by power of atty.	09/02/2008									

<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.