## Edgar Filing: Farrell Dawn L - Form 4

Farrell Dawn	L											
Form 4												
May 03, 2019												
FORM	$4_{\text{UNITE}}$	'D STATES	SFCUR	ITIES A	ND FX(	'HA'	NGE	COMMISSION	т	PPROVAL		
	UNITE	DSIAIL		hington,			UL		Number:	3235-0287		
Check this			vv us		210.200					January 31,		
if no longer subject to Section 16. STATEMENT OF CHAN				GES IN I	BENEFI	CIA	LOW	<b>NERSHIP OF</b>	Expires:	2005		
				SECURITIES					Estimated average burden hours per			
Form 4 or								response 0.5				
Form 5 obligations		-						ge Act of 1934,				
may contir				•	•	• •		f 1935 or Sectio	on			
See Instruc	ction	30(h)	of the Inv	vestment	Company	y Act	of 19	40				
1(b).												
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person * Farrell Dawn L2. Issues Symbol				Name and	Ticker or 7	Fradin	g	5. Relationship of Reporting Person(s) to Issuer				
			Chemou	rs Co [CC	2]			(Che	ck all applicable	e)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(enc	en un uppriouer	-)		
				/Day/Year)				_X_ Director10% Owner				
			05/01/20	)19				Officer (give title     Other (specify       below)     below)				
COMPANY, STREET	1007 MARK	XE I										
SIKEEI												
				nendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month				th/Day/Year)	1			Applicable Line) _X_ Form filed by One Reporting Person				
WILMINGT	ON, DE 1989	99							More than One R			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of 6. Ownership 7. Nature				
Security	(Month/Day/Y	ear) Executi	on Date, if TransactionAcquired (A) or Code Disposed of (D)					Securities	(D) or Bene	Indirect		
(Instr. 3)		any (Month						Beneficially Owned		Beneficial Ownership		
(Month/Day/Year)				(Instr. 8) (Instr. 3, 4 and 5)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(indice and i)				
Common Stock	05/01/2019			А	4,165	Α	\$0	32,839 <u>(1)</u>	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
Farrell Dawn L C/O THE CHEMOURS COMPANY 1007 MARKET STREET WILMINGTON, DE 19899	Х				
Signatures					
/s/ Brian Morrissey, attorney-in-fact for Farrell	or Dawn I		05/03/	2019	
**Signature of Reporting Person			Dat	e	

## **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) Includes stock units and dividend equivalent units.

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.