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PRAXAIR I	NC										
Form 4 October 27,	2004										
FORM		статес	SECU	DITIES	AND EV	CHANCE	E COMMISSION	т	PPROVAL		
	UNITED	SIAILS			and Ex , D.C. 20			OMB Number:	3235-0287		
Check this box if no longer								Expires:	January 31, 2005		
subject to Section 16. Form 4 or						WNERSHIP OF	Estimated burden hou response	average Jrs per			
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a) of the l	Public U	Itility Ho	lding Con		nge Act of 1934, of 1935 or Section 940	·	. 0.0		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> SMITH WAYNE T			2. Issuer Name and Ticker or Trading Symbol PRAXAIR INC [PX]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction				(Check all applicable)				
COMMUNITY HEALTH SYSTEMS, INC., 155 FRANKLIN ROAD, SUITE 400			(Month/Day/Year) 10/25/2004				X Director Officer (giv below)		% Owner her (specify		
	4. If Amendment, Date Original Filed(Month/Day/Year)			1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 						
BRENTWO	DOD, TN 37027-4	1600					Person	whole than one it	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code	4. Securiti onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(msu: 5 and +)				
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities bene	-	•	-				
					inform requir	nation con ed to resp ys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Owned securities)	1			

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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)			(Instr. 3 and	str. 3 and 4)			
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock (1)	\$ 0 <u>(2)</u>	10/25/2004		А	35.885		(3)	(3)	Common Stock	35.885	\$ 4
Deferred Stock (1)	\$ 0 <u>(2)</u>	10/26/2004		А	35.294		(3)	(3)	Common Stock	35.294	\$ 4

Reporting Owners

Reporting Owner Name / Address	5	Relationships							
	Director	10% Owner	Officer	Other					
SMITH WAYNE T COMMUNITY HEALTH SYSTEM 155 FRANKLIN ROAD, SUITE 400 BRENTWOOD, TN 37027-4600		Х							
Signatures									
Mark S. Lyon, Attorney-in-Fact	10/27/20	004							
<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) Deferred stock units acquired by reporting person under the Praxair, Inc. Director's Fees Deferral Plan and are to be settled in Praxair Common Stock upon the reporting person's retirement or termination of service.
- (2) Conversion to Praxair Common Stock is on a 1-for-1 basis.
- (3) See Note (1) above.

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.