## Edgar Filing: NATIONAL FUEL GAS CO - Form 4

| NATIONAL<br>Form 4  | L FUEL GAS CO                          | )          |                |  |             |  |                  |                     |  |   |                     |  |
|---|--|------------|----------------|--|-------------|--|------------------|---------------------|--|---|---------------------|--|
| October 05,   | ПЛ                                     | STATES     |                |  |             |  |                  | NGE C               | OMMISSION  | OMB   | PROVAL<br>3235-0287 |  |
| Washington, D.C. 20549Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br> |  |            |                |  |             | Number: January 31<br>Expires: 2005<br>Estimated average<br>burden hours per<br>response 0.5 |                  |                     |  |   |                     |  |
| (Print or Type  | Responses)                             |            |                |  |             |  |                  |                     |  |   |                     |  |
| MATTHEWS CRAIG G Symbo  |  |            |                | suer Name <b>and</b> Ticker or Trading<br>ol<br>CIONAL FUEL GAS CO [NFG] |             |  |                  |                     | 5. Relationship of Reporting Person(s) to<br>Issuer  |   |                     |  |
| (Last) (First) (Middle) 3. Da<br>(Mon   |  |            |                | te of Earliest Transaction<br>th/Day/Year)<br>1/2015                     |             |  |                  |                     | (Check all applicable)<br><u>X</u> Director<br><u>Officer (give title</u> <u>10% Owner</u><br><u>Director</u> Other (specify<br><u>below</u> )   |   |                     |  |
|   |  |            |                | endment, Date Original<br>onth/Day/Year)                                 |             |  |                  |                     | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |   |                     |  |
| (City)  | (State)                                | (Zip)      |                |  |             |  | _                |                     | Person   |   | _                   |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Dat<br>(Month/Day/Year) | e 2A. Deem | ed<br>Date, if | 3.<br>Transa<br>Code<br>(Instr.  | actio<br>8) | 4. Securi<br>n(A) or D<br>(Instr. 3,   | ties A<br>ispose | cquired<br>d of (D) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                               | 6.7. Nature0wnershipIndirectForm: DirectBeneficial(D) orOwnershipIndirect (I)(Instr. 4)(Instr. 4) |                     |  |
| Common<br>Stock (1)   | 07/15/2015                             |            |                | J  |             | 46   | (D)<br>A         | \$<br>56.524        | 26,070   | D   |                     |  |
| Common<br>Stock (1)   | 07/15/2015                             |            |                | J  | V           | 132  | А                | \$<br>56.465        | 26,202   | D   |                     |  |
| Common<br>Stock (2)   | 10/01/2015                             |            |                | А  |             | 600  | А                | \$<br>50.235        | 26,802   | 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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | ;                   | Date               | Amou<br>Unde<br>Secur | le and<br>unt of<br>rlying<br>rities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares             |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                   | Relationships |           |         |       |  |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|--|
|  | Director      | 10% Owner | Officer | Other |  |  |  |  |
| MATTHEWS CRAIG G<br>159 CORTLAND DRIVE<br>SADDLE RIVER, NJ 07458 | Х             |           |         |       |  |  |  |  |
| Signatures   |               |           |         |       |  |  |  |  |
| J. R. Peterson, Attorney in Fact                                 | 10/05/2015    |           |         |       |  |  |  |  |
| <u>**</u> Signature of Reporting Person                          |               | Date      |         |       |  |  |  |  |
| Explanation of Responses:  |               |           |         |       |  |  |  |  |

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- \* 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) Acquired through a dividend reinvestment plan, exempt under Rule 16a-11.
- (2) Acquired through quarterly grant under the National Fuel Gas Company 2009 Non-Employee Director Equity Compensation Plan.

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.