## Edgar Filing: PFIZER INC - Form 4

PFIZER INC											
Form 4											
January 05, 2009	)										
FORM 4	L								PPROVAL		
	UNITED	STATES		RITIES A shington,			COMMISSION	N OMB Number:	3235-0287		
Check this bo	х							Expires:	January 31,		
if no longer subject to Section 16. Form 4 or	STATEN	AENT OI	F CHAI	NGES IN SECUR		Estimated burden hou response	ed average nours per				
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(	(a) of the l	Public U	Jtility Hole	ding Cor		nge Act of 1934, of 1935 or Sectio 940	on			
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> KINDLER JEFFREY B			2. Issuer Name <b>and</b> Ticker or Trading Symbol PFIZER INC [PFE]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				(Check all applicable)				
(Lust) (First) (Findere)			(Month/Day/Year)				X Director	109	% Owner		
PFIZER INC. ATT: CORPORATE SECRETARY, 235 EAST 42ND STREET			12/31/2008				X_Officer (give title Other (specify below) below) Chairman & CEO				
				If Amendment, Date Original led(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
NEW YORK, N											
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	ransaction Date nth/Day/Year)	Execution any	ed Date, if	3. Transaction Code (Instr. 8)	4. Securit nAcquired Disposed	ies (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Domin Jaw D	n o oor 1'	for 1 1			Sicioller	nod dias (1	on in dine -th-				
Reminder: Report of	n a separate line	e for each cl	ass of sec	urifies benef	-	-	-	ation of (	NEC 1474		
					inforn requir	nation cont ed to respo lys a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	T-1	In II Davi	nation C		uined D'	nored of	Ponoficially Or				
	1 80					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 Derivat (Instr. 8) Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		rities nired or osed 0) r. 3, 4,			(Instr. 3 and 4)		Security (Instr. 5)
				Code V	' (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units SSP	(1)	12/31/2008		А	161		(2)	(2)	Common Stock	161	\$ 17.7

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
KINDLER JEFFREY B PFIZER INC. ATT: CORPORATE SECRET. 235 EAST 42ND STREET NEW YORK, NY 10017	ARY	Х		Chairman & CEO				
Signatures								
By: Lawrence A. Fox, by power of atty.	01/05/	2009						

\*\*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.