CSX CORP Form 3

March 08, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							SION	OMB APPROVAL			
								OMB Number:	3235-0104		
I		T OF BENEFICIAL OWNERSHIP OF			)F	Expires:	January 31,				
	on 17(a) of	SF to Section 16(a) the Public Utility (h) of the Invest	y Holdir	Securities E ng Company	Act of 1	1935 or \$		Estimated a burden hou response	•		
(Print or Type Responses)											
Person _ Statement   Â REILLEY DENNIS H (Month/Day/ 03/06/2012			CSX Year)		uer Name <b>and</b> Ticker or Trading Syn K CORP [CSX]						
(Last) (First)	(Middle)			4. Relationship of Reporting Person(s) to Issuer				5. If Amendment, Date Original Filed(Month/Day/Year)			
500 WATER STREET				(Check	all applica	ble)					
(Street)			X Direct		or 10% Owner Other		Filing(	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
JACKSONVILLE, FI	LA 32202			(give title below	w) (specify	below)	For	m filed by Moi ng Person	e than One		
(City) (State)	(Zip)	Tal	ble I - N	on-Derivat	ive Secu	rities B	eneficia	ally Owned	l		
1.Title of Security (Instr. 4)		Ben	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownersh Form: Direct (D or Indirec (I) (Instr. 5)	ip Own (Inst	Vature of Indirect Beneficial nership str. 5)				
Common Stock		66,	700		D	Â					
inform	ns who resp nation conta	ch class of securities bond to the collec lined in this form nd unless the for	ction of are not	5.	EC 1473 ('	7-02)					
		IB control numb		.,							
Table II - Der	ivative Secur	ities Beneficially C	Owned (e.	g., puts, calls,	warrants,	, options,	convertil	ble securities	)		
1. Title of Derivative Securit (Instr. 4)	Expir	te Exercisable and ration Date Day/Year)	Securitie	and Amount of es Underlying ve Security	Conv	ersion C	5. Dwnershij Form of		e of Indirect al Ownership		

Date

Exercisable Date

Expiration Title

Shares

(I) (Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
REILLEY DENNIS H 500 WATER STREET JACKSONVILLE, FL 32202	ÂX	Â	Â	Â		
Signatures						
/s/ Mark D. Austin, Attorney-in-Fact	0.	3/08/2017				
**Signature of Reporting Person		Date				

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.