### Edgar Filing: PRAXAIR INC - Form 4

PRAXAIR INC Form 4											
February 26, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
	UNITED S	FATES		ITIES AI hington, ]		COMMISSION	OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								burden hou	Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Respons	ses)										
1. Name and Address of Reporting Person <u>*</u> Keegans Karen L.			2. Issuer Name <b>and</b> Ticker or Trading Symbol PRAXAIR INC [PX]				2	5. Relationship of Reporting Person(s) to Issuer			
(Last) (F	Girst) (Mi	(Middle) 3. Date of Earliest Transaction (Ch					ck all applicable)				
(Last) (First) (Middle) C/O PRAXAIR, INC., 39 OLD RIDGEBURY ROAD			(Month/Day/Year) 02/24/2015					Director       10% Owner         Officer (give title Other (specify below)         Vice President			
(St	4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
DANBURY, CT (	06810-5113							Person		porting	
(City) (St	tate) (Z	ip)	Table	I - Non-De	erivative S	ecurit	ies Aco	quired, Disposed o	f, or Beneficial	lly Owned	
	ansaction Date nth/Day/Year)	Execution any	n Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D) 4 and 3 (A) or	) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock				Code V	Amount	(D)	Price	2,000	D		
Common Stock								729.0731	Ι	401(k)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 128.38	02/24/2015		A	14,380	02/24/2016(1)	02/24/2025	Common Stock	14,380
Stock Option (right to buy)	\$ 110.58					02/26/2014(2)	02/26/2023	Common Stock	4,255
Stock Option (right to buy)	\$ 128.8					02/25/2015 <u>(3)</u>	02/25/2024	Common Stock	11,81

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
I State and a state	Director	10% Owner	Officer	Other			
Keegans Karen L.							
C/O PRAXAIR, INC.			Vice				
39 OLD RIDGEBURY ROAD			President				
DANBURY, CT 06810-5113							
Signatures							

### Signatures

Anthony M. Pepper,Attorney-in-Fact02/26/2015

<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) This option vests over three years in three consecutive equal annual installments beginning on February 24, 2016.
- (2) This option vests over three years in three consecutive equal annual installments beginning on February 26, 2014.
- (3) This option vests over three years in three consecutive equal annual installments beginning on February 25, 2015.

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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.