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PFIZER INC											
Form 4											
August 01, 2008	8										
FORM 4	4		GEGU	DIFIE					PPROVAL		
Washington, D.C. 20549									3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH								Expires:	January 31, 2005		
subject to Section 16. Form 4 or			SECU	Estimated burden hou response	average Jrs per						
Form 5 obligations may continue <i>See</i> Instruction 1(b).	e. Section 17((a) of the	Public U	Jtility Ho	lding Cor		nge Act of 1934, of 1935 or Section 1940				
(Print or Type Resp	oonses)										
1. Name and Address of Reporting Person <u>*</u> RINGO WILLIAM R			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
				R INC [P	-		(Check all applicable)				
(Last)	(First) (Middle)	3. Date of Earliest Transaction								
PFIZER INC. ATT: CORPORATE SECRETARY, 235 EAST 42ND STREET			(Month/Day/Year) 07/31/2008				Director 10% Owner XOfficer (give title Other (specify below) below) Senior Vice President				
	(Street)		4. If Am	endment, D	ate Origina	1	6. Individual or	Joint/Group Fili	ng(Check		
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
INEW TORK, I	NI 10017						Person				
(City)	(State)	(Zip)	Tał	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)2A. Deemed Execution Date any (Month/Day/Year)		Date, if			(A) or of (D) 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Codo V	Amount	Or (D) Drice	(Instr. 3 and 4)				
				Code v	Amount	(D) Price					
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforn requii	nation cont ed to resp lys 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	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 (Instr. 8)	Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(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	<u>(1)</u>	07/31/2008		A	133	;	(2)	(2)	Common Stock	133	\$ 18.6

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
RINGO WILLIAM R PFIZER INC. ATT: CORPORATE SECRETA 235 EAST 42ND STREET NEW YORK, NY 10017	ARY		Senior Vice President					
Signatures								
By: Lawrence A. Fox, by power of atty.	08/01/2008							

<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) 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.