**CSX CORP** Form 4 October 17, 2006

# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

Expires:

3235-0287 Number:

**OMB APPROVAL** 

January 31, 2005

Estimated average burden hours per

response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SIZEMORE CAROLYN T			2. Issuer Name and Ticker or Trading Symbol CSX CORP [CSX]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
			(Month/Day/Year)	Director 10% Owner		
CSX CORPORATION, 500 WATER STREET C729			10/16/2006	X Officer (give title Other (specify		
				below) below)		
				VP and Controller		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
JACKSONVILLE, FL 32202				Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Ta	ble I - Non	-Derivati	ve Sec	urities Acqu	iired, Disposed (	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi coor Dispo (Instr. 3, Amount 2,800	(A) or (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Stock 10/16/200	10/16/2006		M	<u>(1)</u>	A	19.7975	2,800	D	
Common Stock	10/16/2006		S	2,800	D	\$ 35	0	D	
Common Stock							15,894.56 (2)	I	Trustee, Executive Deferred Compensation Plan
Common Stock							2,088.611 (3)	I	CSX Corporation

401(k) Plan

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.

SEC 1474 (9-02)

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. Transactic Code (Instr. 8)	Secur Acqu (A) o Dispo (D)	rities iired	Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
Б. 1				Code V	and 5	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to	\$ 19.7975	10/16/2006		M		2,800	05/17/2004	05/17/2011	Common Stock	2,800

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
SIZEMORE CAROLYN T				

CSX CORPORATION
500 WATER STREET C729
JACKSONVILLE, FL 32202

VP and Controller

Relationships

### **Signatures**

buy)

Carolyn T. Sizemore by Nathan D. Goldman, Attorney-in-Fact

Date

\*\*Signature of Reporting Person

### **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)** 

Reporting Owners 2

#### Edgar Filing: CSX CORP - Form 4

The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on July 29, 2006.

- (2) By Trustee, CSX Corporation Executive Deferred Compensation Plan.
- (3) By Trustee, CSX Corporation Tax Savings Thrift Plan. Reflects equivalent shares of cash value held in CSX Stock Fund, which amounts will fluctuate dependent upon daily net asset value of this fund.

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.