

# CELANESE CORP

# Reported by ONEILL PAUL H

## FORM 4

(Statement of Changes in Beneficial Ownership)

# Filed 10/16/12 for the Period Ending 10/15/12

Address 222 W. LAS COLINAS BLVD., SUITE 900N

IRVING, TX, 75039-5421

Telephone 972-443-4000

CIK 0001306830

Symbol CE

Fiscal Year 12/31





Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. I	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ONEILL PAUL H				Ce	Celanese Corp [ CE ]											
(Last)	(First)	(Midd	le)	3. I	3. Date of Earliest Transaction (MM/DD/YYYY)				7)	X _ Director 10% Owner Officer (give title below) Other (specify						
C/O CELANESE				10/15/2012						ŀ	below)					
CORPORATI																
COLINAS BL	AVD., SU	UITE 90	)0N													
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				
IRVING, TX 75039-5421																
(City) (State) (Zip)											-	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table I	- Non-D	eriva	tive	Secur	itie	s Acquir	ed, Dispo	osed of, o	or Bo	eneficially	Owned	•		
1			2. Trans Date				lowing	ng Reported Transaction(s)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Tabl	le II - Dei	rivative S	ecuritie	s Ben	efici	ally O	wn	ed ( <i>e.g.</i>	, puts, ca	lls, warr	ants	s, options,	convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	ode Securities		A) d of				Unde e Secu	erlying Derivative urity Security		of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
				Code	V	(A)	(D)	Date Exercisabl	Expiration Date	Title	N	Amount or Number of Shares		Transaction (s) (Instr. 4)	(4)	
Phantom Stock	(1)	10/15/2012		A	83	37.05		(2)	(2)	Series A Commo Stock		837.05	\$35.84	17327.86	D	

#### **Explanation of Responses:**

- (1) Each share of phantom stock represents the right to receive either one share of Series A Common Stock or the cash value of one share of Series A Common Stock.
- (2) The reported phantom stock represents the person's quarterly cash retainer for service as a director which has been deferred under the Company's 2008 Deferred Compensation Plan. As provided in the Company's 2008 Deferred Compensation Plan, the reporting person may transfer a portion of the phantom stock account into an alternative investment account at any time, and following the termination of the reporting person's service as a director of the Company, the shares of phantom stock become payable in either cash or shares of Series A Common Stock.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ONEILL PAUL H C/O CELANESE CORPORATION 222 W. LAS COLINAS BLVD., SUITE 900N	X						

IRVING, TX 75039-5421		
Signatures		
/s/ James R. Peacock III, Attorney-in-Fact	t for Paul H. O'Neill	10/16/2012

\*\* Signature of Reporting Person

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

\* 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).

Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.