

CELANESE CORP Reported by JAKOBSMEIER PETER

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/27/05 for the Period Ending 01/26/05

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

IRVING, TX, 75039-5421

Telephone 972-443-4000

CIK 0001306830

Symbol CE

SIC Code 2820 - Plastic Material, Synthetic Resin/Rubber, Cellulos (No Glass)

Industry Commodity Chemicals

Sector Basic Materials

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. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer				
												(Check all app	olicable)			
JAKOBSMI	EIER PE	ΓER			Cela	inese C	ORP [C	E]								
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							Director				
, , , , , , , , , , , , , , , , , , , ,													X Officer (give title below) Other (specify below)			
1601 W. LBJ FREEWAY					1/26/2005							Vice Presider	ıt			
(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY) 6. Individual or Joint/Group Filing (Check Applicable L									icable Line)			
TO A T T A C 100																
DALLAS, TX 75234													X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(C	(City) (State) (Zip)											T of the filed by	Torin fried by Wore than one Reporting Leison			
			Table 1	I - Non-	Deriv	ative Sec	urities Ac	quir	ed, Di	sposed o	f, or l	Beneficially Owner	ed			
			2. Trans. D	s. Date 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8) 4. Securities Acquired or Disposed of (D)							s Beneficially Owned		7. Nature	
(Instr. 3)							(IIISII. 8)		(Instr. 3, 4 and 5)			Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Indirect Beneficial	
																Ownership (Instr. 4)
										(A) or					(I) (Instr.	(IIISII. 4)
						Code	V	Amou	- ` ′	Pric	21716			4)		
Series A Common Stock 1/26/2003						A		31716		\$7.2	31716		D			
Series A Common Stock 1/26/2008				5		P		11029	A	\$16		42745		D		
				~ •.•	_											
	Tabl						,					ts, options, conve				ı
Title of Derivate Security	2. Conversion	Trans.Date	3A. Deer Executio		ans. Co		er of ve Securities		Derivative			e and Amount of ties Underlying			10. Ownership	11. Nature
(Instr. 3)	or Exercise Price of Derivative Security	Date	Date, if a		. 0)	Acquire	d (A) or	LAPI				Derivative Security		Securities	Form of	Beneficial
						Disposed	d of (D) 4 and 5)				(Instr.	3 and 4)		Beneficially Owned		Ownership (Instr. 4)
						(msu. 5,	- and 3)						Fol	Following	Direct (D)	(IIIsu. 4)
								Date	cisable	Expiration	Title	Amount or Number of Shares		Reported Transaction(s)	or Indirect	
				Co	de	V (A)	(D)	Exel	cisable	Date		Shares		(Instr. 4)	4)	
	•	•	•	•		•	•						•	•		•
Explanation of	Responses	:														

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
JAKOBSMEIER PETER							
1601 W. LBJ FREEWAY			Vice President				
DALLAS, TX 75234							

Signatures

Mai-Anh Nguyen	1/27/2005		
** Signature of Reporting Person	Date		

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).

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.