

CELANESE CORP Reported by SANDERS DANIEL S

FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

Filed 01/24/05 for the Period Ending 01/20/05

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

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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 and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SANDERS I	DANIEL	S				ese CO						V Discotor	,		00/ 0		
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director Officer (giv	X _ Director 10% Owner Officer (give title below) Other (specify below)				
C/O CELAN	ESE						1/	20/20	005								
CORPORAT FREEWAY	ΓΙΟΝ, 16	01 W. L	BJ														
(Street)				4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual o	6. Individual or Joint/Group Filing (Check Applicable Line)				
DALLAS, TX 75234 (City) (State) (Zip)					1/24/2005							X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table I -	Non-Der	ivati	ve Secu	rities A	cquir	ed, D	isposed	of, or Be	neficially Owne	ed				
1. Title of Security (Instr. 3)				Execu		3. Trans. (Instr. 8)	Code	or Dis	sposed of (I . 3, 4 and 5) (A) o	0)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)				7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Tab	le II - Deri	vative Se	curities E	Bene	ficially	Owned	(e.g.	, puts	s, calls, w	varrants	, options, conve	rtible sec	urities)	1 -		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Secu Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5		curities Expiration or D)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Non-Qualified Stock Option (Right to Buy)	\$16	1/20/2005		A		24622		1	(1)	1/20/2015	Series Commo Stock	on 24622	\$0	24622	D		

Explanation of Responses:

(1) Granted pursuant to the Company's 2004 Stock Incentive Plan. The options vest with respect to 25% of the Option Shares on January 20, 2005, and subject to continued service as a director, with respect to 25% on each of December 31, 2005, December 31, 2006, and December 31, 2007.

Remarks:

This Amended Form 4 corrects the Title of Derivative Securities and the Transaction Code of the originally filed Form 4, and provides further details on the vesting schedule of the option grant.

Reporting Owners

reporting 5 whers							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner		Other			
SANDERS DANIEL S							
C/O CELANESE CORPORATION 1601 W. LBJ FREEWAY	X						
DALLAS, TX 75234							

Signatures

Mai-Anh Nguyen 1/24/2005

**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).

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.