

# CELANESE CORP Reported by HOFFMEISTER DAVID F

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 05/04/20 for the Period Ending 04/30/20

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

Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Hoffmeister David F					Ce	Celanese Corp [ CE ]												
(Last)	(Last) (First) (Middle)				3. E	3. Date of Earliest Transaction (MM/DD/YYYY)							_X_ Director					
					4/20/2020							Officer (giv	Officer (give title below) Other (specify below)					
C/O CELANESE CORPORATION, 222 W. LAS COLINS BLVD., SUITE 900N						4/30/2020												
W. LAS CO			JITE 9	900N														
	(Stre	eet)			4. It	f An	nendmei	nt, Date O	rigin	al File	ed (MM/I	DD/Y	YYY	() 6. Individual (	or Joint/G	roup Filing	Check Appl	icable 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-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1.Title of Security (Instr. 3) 2. Trans. D				Execution Date, if any		3. Trans. Co (Instr. 8)	de	or Disp	or Disposed of (D) Fo			. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership			
								Code	V	Amou	(A) ont (D)		rice				Direct (D) or Indirect (I) (Instr. 4)	
Common Stock				4/30/202	20			A		1849	<u>1)</u> A	:	<b>\$</b> 0		46420		D	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Execution Date, if a	n (Inst			de 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Sec Der	uriti ivati	and Amount of es Underlying ive Security and 4)	Derivative	derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Co	ode	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title		amount or Number of hares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

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

(1) Annual grant of restricted stock units pursuant to the Company's 2018 Global Incentive Plan. The restricted stock units vest in full on the one-year anniversary of the date of grant.

#### **Reporting Owners**

1 9 1							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Hoffmeister David F							
C/O CELANESE CORPORATION	X						
222 W. LAS COLINS BLVD., SUITE 900N	Λ						
IRVING, TX 75039-5421							

#### **Signatures**

/s/ James R. Peacock III, Attorney-in-Fact for David F. Hoffmeister	5/4/202
**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.