

[] 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 Ad	dress of Rei	orting Pers	son *	2. I	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer					
												(Check all app	licable)			
Kissire Debo	rah J.			Ce	lan	ese Cor	p [ CE	C ]								
				3 Г	3. Date of Earliest Transaction (MM/DD/YYYY)						X Director 10% Owner					
(Last)	(FIISI	) (MIC	idie)	3. 1	Juic	or Eurnes	t Trumbu	etion (ii	IIVI/DD/11	,		Officer (giv	e title below	) Oth	er (specify b	elow)
C/O CELANESE CORPORATION, 222					5/12/2022											
W LAS COLINAS BLVD, SUITE 900N					5. ==. <b>3.2</b>											
W Ens cor	(Stre		1112 700		fΔn	endment	Date O	riginal l	Filed (MM	/DD	/VVVV)	6. Individual o	r Ioint/G	roun Filing	(Chack Annl	icable Line)
(2233)					4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual or Joint/Group Filing (Check Applicable Line)					
IRVING, TX 75039											X _ Form filed by One Reporting Person					
(City) (State) (Zip)										Form filed by More than One Reporting Person						
				·								•				
			Table I - N	on-Deri	ivati	ve Securi	ities Acc	quired,	Disposed	of,	, or Ben	eficially Owne	d			
1.Title of Security			2. Tr	ans. Date			Trans. Co		Securities A			Amount of Securiti			6.	7. Nature
(Instr. 3)									Disposed of str. 3, 4 and			ollowing Reported T nstr. 3 and 4)	Ownership Form:	of Indirect Beneficial		
					,	,				`	,				Ownership	
									(A	or					or Indirect (I) (Instr.	(Instr. 4)
							Code	V Ar	mount (I	))	Price				4)	
	Tab	le II - Deri	vative Sec	urities l	Bene	ficially O	wned (	e.g., pu	ts, calls,	war	rants, o	ptions, conver	tible secu	rities)		
Title of Derivate     Security		3. Trans.	3A. Deemed			5. Number of			exercisable		7. Title and Securities U		8. Price of Derivative	9. Number of	10. Ownership	11. Nature
(Instr. 3)	or Exercise	Date, if any (Instr. 8) Acquired (A) or Disposed of (D)		Derivative S			Security Security		Securities	Form of Benefi	Beneficial					
	Price of Derivative			(1	Instr. 3 and	. 4)		Beneficially Owned	Derivative Security:	Ownership (Instr. 4)						
	Security				1	(111511. 5, 1 4	1					I		Following	Direct (D)	(111511. 1)
								Date Exercisal	Expirati	on T	Γitle	Amount or Number of		Reported Transaction(s)	or Indirect (I) (Instr.	
				Code	V	(A)	(D)	Exercisat	Die Date			Shares		(Instr. 4)	4)	
Phantom Stock	<u>(1)</u>	5/12/2022		A		3.738		<u>(2)</u>	(2)		Common Stock	3.738	\$139.02	1742.951	D	

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

- (1) Each share of phantom stock represents the right to receive one share of Common Stock.
- (2) The reported phantom stock represents dividend equivalents on compensation deferred under the Company's 2008 Deferred Compensation Plan (the "Plan"). The shares of phantom stock become payable in shares of Common Stock, as provided in the Plan, following the termination of the reporting person's service as a director of the Company.

#### Reporting Owners

reporting Owners							
Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kissire Deborah J. C/O CELANESE CORPORATION 222 W LAS COLINAS BLVD, SUITE 900N	X						
IRVING, TX 75039							

### **Signatures**

/s/ Michael R. Sullivan, Attorney-in-Fact for Deborah J. Kissire

----Signature of Reporting Person

5/16/2022

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.