PFIZER INC Form 4 December 01, 2008

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

may continue. See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* RICCIARDI NATALE S

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

**OMB APPROVAL** 

3235-0287

January 31,

2005

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OMB

Number:

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Symbol

PFIZER INC [PFE]

(Check all applicable)

PFIZER INC. ATT: CORPORATE

(Street)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 11/26/2008

Director 10% Owner X\_ Officer (give title Other (specify

Senior Vice President

SECRETARY, 235 EAST 42ND **STREET** 

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

below)

NEW YORK, NY 10017

(State) (Zip) (City) 2. Transaction Date 2A. Deemed

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

(Month/Day/Year) Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership Securities Form: Direct Beneficially Owned (I) Following Reported

Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

7. Nature of

(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if TransactionNumber Conversion

5.

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of 8. Price of Underlying Securities Derivative

#### Edgar Filing: PFIZER INC - Form 4

Code

of

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	rities uired or osed O) r. 3,		Expiration Date	Title	Amount or Number of Shares	(Instr. 5)
				Code '	V	(A)	(D)	Date Exercisable				
Phantom Stock Units SSP	<u>(1)</u>	11/26/2008		A		96		<u>(2)</u>	<u>(2)</u>	Common Stock	96	\$ 16.07

### **Reporting Owners**

or Exercise

Security

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

(Month/Day/Year)

(Instr. 3 and 4)

Security

RICCIARDI NATALE S PFIZER INC. ATT: CORPORATE SECRETARY 235 EAST 42ND STREET NEW YORK, NY 10017

Senior Vice President

#### **Signatures**

By: Lawrence A. Fox, by power 12/01/2008 of atty.

> \*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- 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).
- (1) Each unit represents one phantom share of common stock.

These units, which were acquired pursuant to the Pfizer Inc. Nonfunded Deferred Compensation and Supplemental Savings Plan, are

(2) settled in cash following the reporting person's separation from service and may be transferred by the reporting person into an alternative investment account at any time.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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