Edgar Filing: PFIZER INC - Form 4

PFIZER INC											
Form 4											
May 16, 2008											
FORM	4 UNITED	ST A TES	CECU	DITIES		HANCI	E COMMISSIO	т	PPROVAL		
	UNITED	SIAIES			, D.C. 205			N OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									January 31, 2005		
subject to Section 16. Form 4 or	STATEN	MENT O	F CHAI		BENEFIC	CIAL O	WNERSHIP OF	Estimated burden hou response	average urs per		
Form 5 obligations may continu <i>See</i> Instructi 1(b).	e. Section 17	(a) of the l	Public U	Jtility Hol		pany Act	nge Act of 1934, of 1935 or Secti 1940	on			
(Print or Type Res	ponses)										
1. Name and Address of Reporting Person <u>*</u> KINDLER JEFFREY B			2. Issuer Name and Ticker or Trading Symbol PFIZER INC [PFE]				5. Relationship of Reporting Person(s) to Issuer				
				-	-		(Check all applicable)				
(Last)	(First) (Middle)		of Earliest T	ransaction		V Director	100	7 Orumon		
PFIZER INC. ATT: CORPORATE SECRETARY, 235 EAST 42ND STREET			(Month/Day/Year) 05/15/2008				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman & CEO				
	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 						
NEW YORK,	NY 10017						Person	whole than one R	epotting		
(City)	(State)	(Zip)	Tał	ole I - Non-l	Derivative S	ecurities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	Transaction Date Ionth/Day/Year)	Execution any	Date, if	Code (Instr. 8)		A) or f (D) and 5) A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount (D) Price					
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	ficially owne	d directly	or indirectly.				
					informa require	ation con d to resp s a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab				quired, Dispo s, options, co		Beneficially Owned securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof	Expiration Date	Underlying Securities	Derivativ

Edgar Filing: PFIZER INC - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		(Month/Day/Year) (Instr. 8) S A (4 D o (1		Deriva Securi Acqui (A) or Dispos of (D) (Instr. and 5)	ities red sed 3, 4,	(Month/Day/Year)		(Instr. 3 and 4)		Security (Instr. 5)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units SSP	<u>(1)</u>	05/15/2008		A		581		(2)	(2)	Common Stock	581	\$ 20.0

Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
KINDLER JEFFREY B PFIZER INC. ATT: CORPORATE SECRET 235 EAST 42ND STREET NEW YORK, NY 10017	ARY	Х		Chairman & CEO					
Signatures									
By: Lawrence A. Fox, by power of atty.	05/16/	2008							

**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.