#### Edgar Filing: CSX CORP - Form 4

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Form 4	25										
June 01, 200											
FORM	<b>Л 4</b> <sub>имитер</sub>	STATES	SECU	DITIES	ND FY	CHANCE	E COMMISSIO	Т	PPROVAL		
	UNITED	STATES			, D.C. 20		N OMB Number:	3235-0287			
Check the check	nger			Expires:	January 31,						
subject t		MENT O	F CHAI	NGES IN SECUI	Estimated	2005 average					
Section					burden hou	urs per					
Form 4 Form 5			ing Errolag	n an A at af 1024	response	. 0.5					
obligatio	-						nge Act of 1934, of 1935 or Secti				
may cor	itinue.					y Act of 1		011			
<i>See</i> Insta 1(b).	ruction	50(II)	or the fi	livestillen	i Compan		1940				
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person *	2. Issue	er Name <b>an</b>	<b>d</b> Ticker or	Trading	5. Relationship	of Reporting Per	cson(s) to		
SIZEMOR	E CAROLYN T		2. Issuer Name <b>and</b> Ticker or Trading Symbol				Issuer				
	ĊSX C	ORP [CS	X]								
(Last)	(First) (	Middle)	3. Date of	of Earliest T	ransaction		(Ché	eck all applicabl	e)		
		(Month/Day/Year)			Director		% Owner				
	PORATION, 500	WATER	06/01/2	2005			X Officer (gibelow)	ve title Oth below)	ner (specify		
STREET C	2729						· · · · · · · · · · · · · · · · · · ·	P and Controller			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			1	6. Individual or Joint/Group Filing(Check				
						Applicable Line)					
		•					_X_ Form filed by Form filed by	One Reporting Po More than One R			
JACKSON	VILLE, FL 3220	2					Person	iviore than one it	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securiti	les	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if		nAcquired			Form: Direct	Indirect		
(Instr. 3)		any (Month/Da	w/Year)	Code (Instr. 8)	Disposed (Instr. 3, 4		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(monute)	ty/1Cal)	(1130.0)	(11301. 5, 1	and <i>S</i> )	Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(instr. 5 and 1)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially owr	ned directly	or indirectly.				
							spond to the colle		SEC 1474		
							tained in this forn ond unless the fo		(9-02)		
							ntly valid OMB co				
					numb		,				

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed o (Instr. 3, 4, 5)	f (D)					(1
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	05/31/2005		А		25.8874		(2)	(2)	Common stock	25.8874	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SIZEMORE CAROLYN T CSX CORPORATION 500 WATER STREET C729 JACKSONVILLE, FL 32202			VP and Controller				
Signatures							

### **iy**

Carolyn T. Sizemore by Gordon F. Bailey, III, Attorney-in-Fact

\*\*Signature of Reporting Person

Date

06/01/2005

# **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) 1-for-1

Phantom stock units acquired under the CSX 2002 Deferred Compensation Plan to be settled solely in cash with distribution to (2) commence at termination of employment or the attainment of a designated age based on an election made by the participant at least 1 year prior to distribution. For purposes of this filing, fractional shares have been omitted.

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.