DOW CHEMICAL CO /DE/

Form 4 May 10, 2006

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

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

January 31, Expires: 2005 Estimated average

burden hours per

Form 5 obligations may continue. See Instruction

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

response... 0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * RINGLER JAMES M

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

DOW CHEMICAL CO /DE/ [DOW]

(Check all applicable)

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

Director 10% Owner Officer (give title Other (specify

05/31/2006

below)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

Issuer

MIDLAND, MI 48674

2030 DOW CENTER

(City) (State) (Zip)

(Street)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership

(Instr. 4)

SEC 1474

(9-02)

Reported (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 information contained in this form are not 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)

1. Title of 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Security or Exercise (Instr. 3) Price of

Execution Date, if (Month/Day/Year)

5. Number of 4 TransactionDerivative Code Securities (Instr. 8) Acquired (A)

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

8. Pı Deri Secu (Inst

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Derivative or Disposed of Security (D) (Instr. 3, 4,

and 5)

Code V (A) Expiration Title (D) Date

Exercisable Date

Number of Shares

Amount

Phantom

Stock \$0 01/31/2006 Units

971.24 S (1)

(2)

Common (2) Stock

971.24

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other RINGLER JAMES M 2030 DOW CENTER X MIDLAND, MI 48674

Signatures

James M. Ringler, 05/10/2006 Director

**Signature of Reporting Date Person

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).
- The reporting person received a cash distribution from phantom stock acquired under an elective deferral plan. This distribution with a **(1)** total value of \$41,083.44, was sold by a benefit plan provider and was not timely reported to Mr. Ringler nor the Company.
- The phantom units were accrued under the Union Carbide Non-Employee Directors' Compensation Deferral Plan, a Rule 16b-3 exempt **(2)** plan, and are to be settled entirely in cash, in ten installments beginning January 2006.
- The figure in column 9 includes prior unreported adjustments for quarterly dividend reinvestment, participant fees, and other account reconciliations by the benefit plan provider, pursuant to Rule 16a-11.

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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