## Edgar Filing: MCDONALD GABRIELLE K - Form 4

MCDONALD GABRIELLE K Form 4 June 05, 2012					
FORM 4 UNITED STATES		OMB APPROVAL			
UNITED STATES	SECURITIES AND EXCHANGE C Washington, D.C. 20549	COMMISSION OMB Number: 3235-0287			
Check this box if no longer		Expires: January 31,			
subject to STATEMENT OF Section 16.	F CHANGES IN BENEFICIAL OW SECURITIES	Estimated average burden hours per			
Form 4 or Form 5 Filed pursuant to 9		response 0.5			
obligations may continue. Section 17(a) of the	Section 16(a) of the Securities Exchang Public Utility Holding Company Act of of the Investment Company Act of 194	1935 or Section			
(Print or Type Responses)					
1. Name and Address of Reporting Person <u>*</u> MCDONALD GABRIELLE K	2. Issuer Name <b>and</b> Ticker or Trading Symbol FREEPORT MCMORAN COPPER & GOLD INC [FCX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle)	3. Date of Earliest Transaction	Director 10% Owner			
333 NORTH CENTRAL AVENUE	(Month/Day/Year) 06/01/2012	Officer (give title Other (specify below) below) Advisory Director			
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
PHOENIX, AZ 85004	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)	Table I - Non-Derivative Securities Acq	uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dee Execution any (Month/	med 3. 4. Securities on Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) Or	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) or Indirect (I)Beneficial BeneficialOwned Following Transaction(s) (Instr. 3 and 4)(Instr. 4)			
Common Stock (1) 06/01/2012		37,026 D			

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)			
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share		
Options (right to buy)	\$ 32.07	06/01/2012		А	10,000	06/01/2013 <u>(3)</u>	06/01/2022	Common Stock	10,000		
Reporting Owners											
Reporting Owner Name / Address		ame / Address		Relations	hips						
			Director 10% Own	er Office	er Other						

Advisory Director

MCDONALD GABRIELLE K 333 NORTH CENTRAL AVENUE PHOENIX, AZ 85004

## Signatures

Kelly C. Simoneaux on behalf of Gabrielle K. McDonald pursuant to a power of 06/05/2012 attorney

\*\*Signature of Reporting 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).
- (1) Amount beneficially owned following the reported transaction includes 6,500 Common Stock Restricted Stock Units.
- (2) Represents a grant of Common Stock Restricted Stock Units.
- (3) 25% exercisable on the date indicated and 25% exercisable on each of the next three anniversaries thereof.

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.

Date