Edgar Filing: CHO SUNGHWAN - Form 4

CHO SUNGH	WAN										
Form 4											
March 04, 201											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	PPROVAL		
	UNITED	STATES		TIES AN ington, E			GE C	OMMISSION	OMB Number:	3235-0287	
Check this if no longer		STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Expires:	January 31, 2005	
subject to Section 16.	SIAIEN								Estimated average burden hours per		
Form 4 or Form 5	F '1 1		0 10		a	г	1	A (C1024	response	0.5	
obligations	·						•	e Act of 1934, 1935 or Section	n		
may continu	ue.		of the Inve	•	• •	•			11		
See Instruct 1(b).	10n	50(11)	of the my	estiment e	ompuny	1100	51 1 7 1	0			
(Print or Type Res	sponses)										
1. Name and Address of Reporting Person <u>*</u> CHO SUNGHWAN			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
		ICAHN E	ENTERPF	RISES L.	P. [II	EP]	(Check all applicable)				
(Last)	(First) (N	Middle)	3. Date of Earliest Transaction					(Check an appreade)			
			(Month/Day/Year)					_X_ Director 10% Owner _X_ Officer (give title Other (specify			
C/O ICAHN ENTERPRISES L.P., 767 FIFTH AVENUE, SUITE			03/01/2013					below) below)			
4600	III II V LIVOL,	SUIL						Chief 1	Financial Office	er	
		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
	Filed(Month	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORK,	NY 10153								fore than One Re		
(City)	(State)	(Zip)	Table	I - Non-Dei	rivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3. Tarana atia	4. Securi			5. Amount of	6. Ownership Form: Direct		
Security (Instr. 3)	(Month/Day/Year	any	tion Date, if	TransactionAcquired (A) or Code Disposed of (D)				Securities Beneficially		Beneficial	
`			h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Depositary Units	03/01/2013			Р	1,100	А	\$ 63	1,100	D <u>(1)</u>		

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
CHO SUNGHWAN C/O ICAHN ENTERPRISES L.P. 767 FIFTH AVENUE, SUITE 4600 NEW YORK, NY 10153		Х		Chief Financial Officer					
Signatures									
SUNGHWAN									
СНО	03/04/201	.3							
<u>**</u> 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) The reporting person purchased the securities listed above through the Directed Unit Program conducted in connection with the Issuer's registered public offering of depositary units.

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.