Philip Morris International Inc. Form 3 April 01, 2008 FORM 3 ^{UNITED S'}

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

Person * Statement			3. Issuer Name and Ticker or Trading Symbol Philip Morris International Inc. [PM]				
(Middle)	03/27/2008	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
)		X Director Officer	10% (Other	Owner	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(Zip)	Table I - N	lon-Derivati	ive Securiti	es Bei	neficially Owned		
			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	•		
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equired to respo urrently valid OM	nd unless the form displ //B control number.	ays a	warrants, opt	ions, co	onvertible securities)		
	OLD (Middle) UE () YÂ 10017 (Zip) (Zip) (Zip) separate line for ea ectly. ersons who resp formation conta equired to respo urrently valid OM	Statement DLD (Month/Day/Year) (Middle) 03/27/2008 UE (Middle) 03/27/2008 UE (Middle) 23/27/2008 UE (Middle) 23/27/2008 (Middle)	Statement DLD (Month/Day/Year) (Middle) 03/27/2008 4. Relationship Person(s) to Is UE (Check () YÂ 10017 (Zip) Table I - Non-Derivati 2. Amount of Securities Beneficially Owned (Instr. 4) 0 Statement Philip Morr (Check () 2. Amount of Securities Beneficially Owned (Instr. 4) 0 Statement Statement Philip Morr (Check () 0 Statement (Check () 0 Statement (Instr. 4) 0 Statement Statement Philip Morr (Check () 0 Statement (Check () 0 Statement (Check () 0 Statement (Check () 0 Statement (Instr. 4) Statement Statement (Instr. 4) Statement (Instr. 4) Statement (Instr. 4) (Instr. 4) (Ins	Statement 1 Consider Name and Trace of Philip Morris Internation OLD (Month/Day/Year) Philip Morris Internation (Middle) 03/27/2008 4. Relationship of Reporting Person(s) to Issuer UE (Check all applicable) (YÂ 10017	Statement DLD (Month/Day/Year) (Middle) $03/27/2008$ 4. Relationship of Reporting Person(s) to Issuer UE (Check all applicable) $\frac{-X_{-Director}}{Officer}$ Other (give title below) (specify below) (Specify below) (Zip) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) Form: (Instr. Direct (D) or Indirect (I) (Instr. 5) 0 D Â separate line for each class of securities beneficially sectly. SEC 1473 (7-02) ersons who respond to the collection of formation contained in this form are not equired to respond unless the form displays a		

1. Title of Derivative Security 2. Date Exercisable (Instr. 4) Expiration Date (Month/Day/Year) (Month/Day/Year)		Date	3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			(Instr. 4)		Price of	Derivative	
Date Exercis	Data	Expiration e Date	Title	Amount or Number of	Derivative	Security:	
					Security	Direct (D)	
	Exercisable					or Indirect	

OMB APPROVAL

3235-0104

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer	Other		
BROWN HAROLD 120 PARK AVENUE NEW YORK, NY 10017	ÂX	Â	Â	Â		
Signatures						
G. Penn Holsenbeck for Harold Brown	04/01/2008					
<u>**</u> Signature of Reporting Person		Date				

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.