

# NATIONAL FUEL GAS CO

# Reported by TANSKI RONALD J

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 12/21/11 for the Period Ending 12/19/11

Address 6363 MAIN STREET

WILLIAMSVILLE, NY 14221-5887

Telephone 716-857-7000

CIK 0000070145

Symbol NFG

SIC Code 4924 - Natural Gas Distribution

Industry Natural Gas Utilities

Sector Utilities

Fiscal Year 09/30





[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Expires: November 30,

2011

Estimated average burden

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. Is	2. Issuer Name <b>and</b> Ticker or Trading Symbol (Check all applicable) 5. Relationship of Reporting Person(s) to Issuer													
TANSKI R	ONALD J				TION								-					
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)									Director 10% Owner			wner	
														X Officer (give title below) Other (specify below)				
6363 MAIN STREET					12/19/2011									President & COO				
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)									6. Individual or Joint/Group Filing (Check Applicable Line)				
WILLIAMSVILLE, NY 14221																		
(City) (State) (Zip)														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table I	- Non-E	) Perivati	ive Secu	rities	s Ac	aui	red.	Dispo	sed	of, or	· Beneficially	v Owned				
1.Title of Security (Instr. 3)					2A. Deemed Execution Date, if	d Co	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) of Disposed of (I (Instr. 3, 4 and		or D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership of Indirect Form: Beneficia Direct (D) Ownersh	Beneficial Ownership			
					any	С	Code	v	Amou	(A) or nt (D)	Price	e				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 12				12/19/20	19/2011		A		6250	A	\$ 0		170919			D		
Common Stock 12				12/16/20	16/2011		J	v	44	1) <b>A</b>	\$ 0		18798			I	401k Trust	
Common Stock												2882			I	ESOP Trust		
Т	Table II - De	rivative S	Securitie	s Bene	ficially (	Own	ed (	e.g.	, pu	ts, ca	lls, v	varra	nts, options	, convert	ible secur	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	ns. Derivative Expiration Securities					Secu Deri	vative Security r. 3 and 4)		(Instr. 5)	of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial		
				Code V	(A)	1 1	Date Exerc		Exp le Dat	iration e	Title	e  1	Amount or Number of Shares		(s) (Instr. 4)	7)		
Stock Appreciation	on \$55.09	12/19/2011		A	25000		12/19	9/201	12/1	19/2021		nmon ock	25000	\$ 0	25000	D		

#### **Explanation of Responses:**

(1) Routine acquisition under the NFG 401k Plan Trust, exempt under Rule 16b-3(c), a non-reportable transaction.

Reporting Owners

Reporting 6 where										
Departing Orange Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
TANSKI RONALD J										
6363 MAIN STREET			President & COO							
WILLIAMSVILLE, NY 14221										

James R. Peterson, Attorney in Fact

12/21/2011

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.