

NATIONAL FUEL GAS CO

Reported by **BAUER DAVID P**

FORM 4

(Statement of Changes in Beneficial Ownership)

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

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 Estimated average burden hours per response... 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. Is	suer Nam	ne an	d Ticl	ker	r or Ti	adiı	ng Syr	nbol	5. Relation (Check all			Person(s)	to Issuer
Bauer David 1	P			NA	TIONA	L F	UEI	L (GAS	CC) [N	FG]				
(Last) (First) (Middle)				3. D	3. Date of Earliest Transaction (MM/DD/YYYY)								Direct	Director 10%			wner
													X Officer (give title below) Other (specify below)				
6363 MAIN STREET					12/10/2012									Treasurer & Prin. Fin. Officer			
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
WILLIAMSV	ILLE,	NY 1422	21										V Farms 6	:1 0	Damantina Da		
(City) (State) (Zip)													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table I	- Non-D	erivati	ve Secur	ities	Acqu	ıire	ed, Di	spo	sed of	, or	Beneficially	y Owned	l		
1.Title of Security (Instr. 3)				2. Trans. Date	Date, if	Coc	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) of Disposed of (I (Instr. 3, 4 and		or F D) (curities Beneficially Owned ted Transaction(s)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					any	Со	ode V	' A	amount	(A) or (D)	Price				(I) (Instr. 4)	(IIIsti. 4)	
Common Stock													5	167		D	
Common Stock 12				12/19/20	2/19/2012		1 1	V 5	20 (1)	A	\$0	4281			I	401k Trust	
Tab	le II - Dei	rivative S	ecuritie	s Bene	ficially O)wne	d (<i>e.</i> ;	g.,	, puts	, cal	lls, wa	rrar	nts, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities		6. Date Exercisable and Expiration Date						nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A)		Date Exercisa	ıble	Expira Date	tion	Title	N	mount or umber of hares		Transaction (s) (Instr. 4)	1 /	
Stock Appreciation Right	\$53.045	12/19/2012		A	10629		(2)		12/19/	2022	Comm Stock		10629	\$0	10629	D	

Explanation of Responses:

- (1) Routine acquisition under the NFG 401(k) Plan Trust, exempt under Rule 16b-3(c), a non-reportable transaction.
- (2) The stock appreciation right becomes exercisable in three equal annual installments beginning on December 19, 2013.

Reporting Owners

Kepor ung Owners									
Deporting Oxymon Name / Address	Relationships								
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other				
Bauer David P									
6363 MAIN STREET				Treasurer & Prin. Fin. Officer	•				
WILLIAMSVILLE, NY 14221									

Signatures

James R. Peterson, Attorney in Fact

12/21/2012

^{**} Signature of Reporting Person

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.