

### NATIONAL FUEL GAS CO

# Reported by **BRADY ROBERT T**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

#### Filed 04/02/09 for the Period Ending 04/01/09

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: February 28, 2011 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, 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. Issu	<i>E</i> 3							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
BRADY ROBI	ERT T			NAT	IONAL	FUEL	<b>G</b>	GAS C	0[1	<b>VFG</b>	]					
(Last)	(First)	(Mid	dle)	3. Dat	e of Earlie	est Trans	act	ion (MN	I/DD/Y	YYY)	YY) X Director 10% Owner Officer (give title below) Other (specify below					
, ,											Officer (give	title below)		Other (specif	y below)	
MOOG INC.,	P.O. BO	X 18				4/1	/2	009								
(Street)				4. If A	4. If Amendment, Date Original Filed (MM/DD/YYYY) 6. Individual or Joint/Group Filing (Check Applicable Line)											
EAST AUROR	RA, NY 1	4052														
(City)	(State)	(Zip)									X Form filed by Form filed by I			Person		
		Ta	ble I - No	n-Derivat	tive Secur	ities Ac	qui	red, D	spose	d of,	or Beneficially Own	ed				
1.Title of Security (Instr. 3)		2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Owned	Ownership of Indire Form: Benefic	7. Nature of Indirect Beneficial Ownership			
					Bate, if any	Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)		
Common Stock (1)				4/1/2009		A		400	A	\$30.49	1330	00		D		
	Table II	- Deriva	tive Secui	ities Ben	eficially O	wned (	e.g	. , puts	, calls	, warı	rants, options, conve	ertible se	curities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Deemed Execution Date, if	4. Trans. Code (Instr. 8)	rans. 5. Number of Derivative Securities		6. Date Exercisable and Expiration Date Securitie				3 and 4) (Instr. 5) So B O			Ownership Form of Derivative cially display="2">Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	(A)		Dat Exe	e ercisable	Expirati Date	on Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)		

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

(1) Acquired through quarterly grant under the National Fuel Gas Company Retainer Policy for Non-Employee Directors.

Reporting Owners

reporting Owners								
Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other			
BRADY ROBERT T								
MOOG INC.	$  \mathbf{x}  $							
P.O. BOX 18	A							
EAST AURORA, NY 14052								

#### **Signatures**

J. R. Peterson, Attorney in Fact

\*\* 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.