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SNIDER T	IMOTHY R											
Form 4												
January 05,	, 2010											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITED	STATES		RITIES ashingtor				COMMISSIC		OMB Numbe	er: 3235-02	
Check t				Expires	Janua	ary 31,						
if no lo subject		MENT O	F CHA	HANGES IN BENEFICIAL OWNERSHIP O						Estimated average		
	tion 16. SECURITIES							burden hours per				
Form 4 Form 5										respons	se	0.5
obligati	ineu pu							ige Act of 1934				
may co				•	•	-	•	of 1935 or Sec	tion			
	truction	30(n)	of the I	Investmer	n Comp	any A	ACT OF T	940				
1(b).												
(Print or Type	e Responses)											
1. Name and	Address of Reporting	g Person <u>*</u>	2. Issu	ier Name ar	1d Ticker	or Tra	ding	5. Relationship	o of R	eporting	Person(s) to	
SNIDER 7	TIMOTHY R		Symbol		U	Issuer						
			COMPASS MINERALS INTERNATIONAL INC [CMP]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date	of Earliest	Transactio	on		_X_ Director			10% Owner	
			(Month	Month/Day/Year)				Officer (give title Other (specif below) below)				у
	PASS MINERAL		12/31/	2009				below)		below)	
	TIONAL, INC., 9											
WEST 109	OTH STREET, SU	JITE 600										
	(Street)		4. If An	nendment, I	Date Origi	nal		6. Individual o	or Join	t/Group	Filing(Check	
	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person						
OVEDIAI	ND PARK, KS 66	5210						Form filed b				
UVERLA	$\mathbf{ND} \mathbf{F} \mathbf{A} \mathbf{K} \mathbf{K}, \mathbf{K} \mathbf{S} 0 \mathbf{C}$	0210						Person				
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivati	ve Sec	urities A	cquired, Dispose	d of, o	or Benef	icially Own	ed
1.Title of	2. Transaction Date			3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of	6.		7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution I any	Date, 1f						Own Form		Indirect Ber Ownership	nef1c1al
(1130.5)		(Month/Day/Year)								(Instr. 4)		
							Following		direct	ect		
						(A)		Reported Transaction(s)	(I) (Instr	r 4)		
						or	D.	(Instr. 3 and 4)	(msu	1. 7)		
				Code V	Amount	(D)	Price				Directors	
Common							\$				Deferred	
Stock	12/31/2009			А	437	А	φ 67 19	8,771	Ι		Compensa	ation
											Plan	

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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 Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships						
			10% Owner	Officer	Other				
SNIDER TIMOTHY R C/O COMPASS MINERALS INTERNATIONAL, INC. 9900 WEST 109TH STREET, SUITE 600 OVERLAND PARK, KS 66210									
Signatures									
/s/ Robert E. Marsh, Attorney-in-Fact	01/05/2010								
<u>**</u> Signature of Reporting Person	Date								
Explanation of Poopor	20001								

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).

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.