### Edgar Filing: LAMATTINA JOHN L - Form 4

LAMATTINA Form 4	A JOHN L											
November 01	, 2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO						COMMISSION	r	PPROVAL				
UNITED STATES SECON					D.C. 205		COMMISSION	OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHANGES SEC Filed pursuant to Section 16(a) of Section 17(a) of the Public Utility					IN E URI I the Ioldi	SENEFI TIES Securiti	CIA les Ez pany	Expires: January 31, 2005 Estimated average burden hours per response 0.5				
See Instructure 1(b).	cuon					1.	•					
(Print or Type R	esponses)											
LAMATTINA JOHN L Symbol			Symbol	er Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
					-	nsaction			(Check all applicable)			
(Mo			(Month/D 10/31/20	ay/Year					Director 10% Owner X_Officer (give title Other (specify below) Senior Vice President			
(Street) 4. If Amer				endment, Date Original					6. Individual or Joint/Group Filing(Check			
NEW YORK	K, NY 10017		Filed(Mon	th/Day/ኘ	r ear)				Applicable Line) _X_ Form filed by ( Form filed by N Person	One Reporting P More than One R		
(City)	(State)	(Zip)	Table	e I - No	n-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)			actio	4. Securi nAcquirec Disposec (Instr. 3,	l (A) of l of (E 4 and (A) or	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
Common	11/01/0007					Amount	(D)	Price		D		
Stock	11/01/2006			G	V	3,200	D	\$0	418,145	D		
Common Stock									5,098	I	By Daughter $(1)$	
Common Stock									51,949	I	By Rule 16b-3 Plan	
Common Stock									12,298	I	By Son (1)	

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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.

# 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)	a 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price o Derivativ Security (Instr. 5)
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units SSP	(2)	10/31/2006		A	206	(3)	(3)	Common Stock	206	\$ 26.6

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
		10% Owner	Officer	Other		
LAMATTINA JOHN L PFIZER INC. ATT: CORPORATE SECRETARY 235 EAST 42ND STREET NEW YORK, NY 10017			Senior Vice President			
Signatures						

By: Lawrence A. Fox, by power	11/01/2006
of atty.	11/01/2000

\*\*Signature of Reporting Person

Date

## **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).
- (1) I hereby disclaim beneficial ownership of all shares held by members of my family.
- (2) Each unit represents one phantom share of common stock.
- (3)

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These units, which were acquired pursuant to the Pfizer Inc. Nonfunded Deferred Compensation and Supplemental Savings Plan, are settled in cash following the reporting person's separation from service and, subject to certain conditions, may be transferred by the reporting person into an alternative investment account at any time.

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.