FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash

| ington, | D.C. | 20549 | | | |
|---------|------|-------|--|--|--|
| | | | | | |

| Ī | OMB APPROVAL | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average b | urden | | | | | | | | |
| ı | hours per response: | 0.5 | | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Godley Patricia Fry</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol ARCH COAL INC [ACI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|--|---|-----------------|--|-----------------|----------|--------|--|----------------------|---|---|---|---|---|---------------------------------------|
| | | | | | | | | | • | | | X Directo | r | 10% O | vner | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/24/2014 | | | | | | | Officer below) | (give title | Other (sbelow) | specify | |
| ONE CITYPLACE DRIVE | | | | | | | | | | | | | | | | |
| SUITE 300 | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | - 1 | , | led by One Re | porting Perso | n |
| ST. LOU | IS M | 0 | 63141 | | | | | | | | | | Form fi Persor | led by More th | an One Repo | rting |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Nor | ı-Deriv | /ative | e Se | curities | Ac | quired, Di | sposed c | of, or Be | neficial | ly Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Code (Instr. 5) | | | | Beneficia Owned F | Form (D) or | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 | ion(s) | | (Instr. 4) | | |
| | | - | | | | | | | uired, Dis , options, | | | | Owned | | | |
| 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/Ye | Date, | Code (Inst | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and of Securit Underlying Derivative (Instr. 3 and | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | \$4.86 | 04/24/2014 | | | A | | 22,650 | | (1) | (2) | Common Stock | 22,650 | \$0.00 | 27,650 | D | |

Explanation of Responses:

- 1. The reporting person received 22,650 restricted stock units on April 24, 2014. The restricted stock units vest on April 24, 2015.
- 2. The restricted stock units do not expire.

Remarks:

/s/ Jon S. Ploetz, Attorney-in-

04/28/2014

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 Number.