FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C | C. 20549 |
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| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|------------------|------------|-----------------|------------------|

| | OMB APPRO | OVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| | 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).

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* EAVES JOHN W | | | | 2. Issuer Name and Ticker or Trading Symbol ARCH COAL INC [ACI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|---|--|--|--|---|---------------------------|--------|-------------------------------------|------------------|---|---|--|-------|--|----------------------|---|---|---|---|
| EAVES JOHN W | | | | | | | | | | | | | | | X | Dire | ctor | 10% | Owner |
| (Last) ONE CIT | (Fi ΓΥΡLACE] | · | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2008 | | | | | | | X | | Officer (give title below) Other (specify below) President & COO | | | | | |
| (Street) | | | | | 4. If | Am | nendme | nt, Date | of Origina | ıl File | d (Month/Da | ay/Ye | ear) | | 6. Ind Line) | ividual d | or Joint/Group | Filing (Checl | Applicable |
| ST. LOU | IS M | 0 (| 53141 | | | | | | | | | | | | X | Form filed by One Reporting Person | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Forr Pers | | re than One R | eporting |
| | | Tabl | le I - Noi | n-Deriv | ative | Se | ecurit | ies Ac | quired | , Dis | posed c | of, o | r Be | nefi | cially | Own | ed | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | ır) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dispose Code (Instr. 5) | | | curities Acquired (A) or sed Of (D) (Instr. 3, 4 and | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | Amount | | r Pr | ice | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | 08/18 | 18/2008 | | 08/2 | 0/2008 | I | | 2,922 | | A | \$ | 47.91 | 6,344 ⁽¹⁾ | | I | By 401(k) plan | |
| Common Stock | | 08/19 | 19/2008 | | 08/20/2008 | | I | | 2,436 | 5 | A | \$ | 47.78 | 8,780 | | I | By 401(k) plan | | |
| Common Stock | | | | | | | | | | | | | | | 94,307 | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | wned | | , | • |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | n Date Execution (Month/Day/Year) if any | 3A. Deem Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | n of E | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | of s ng e | Dei Sed (Ins | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | or Num of | | lumbe | er | | | | |

Explanation of Responses:

1. Includes 10 shares of Arch Coal common stock acquired under Arch Coal's employee thrift plan since the date of the reporting person's last ownership report.

Remarks:

/s/ Gregory A. Billhartz, 08/21/2008 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 Number.