FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* Slone Deck | | | | | | 2. Issuer Name and Ticker or Trading Symbol ARCH COAL INC ACI | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|---|--|---|---------|---|--|---|------|--|--------|---------------|--------------------|---|----------------------------|--|---|--|----------------|--|---|--|--|
| STOIL I | <u> </u> | | | | | | | | - | | _ | | | | X | Officer | r (give title | | 10% Ow Other (s | | | |
| (Last) (First) (Middle) | | | | | 3.1 | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | below) | | | below) | pecily | | |
| (Last) (First) (Middle) ONE CITYPLACE DRIVE | | | | | | 02/18/2010 | | | | | | | | | | VP/G | ovt Invest | tor & | Public A | ff | | |
| SUITE 300 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | 70 | (2141 | | | | | | | | | | | | X | Form fi | led by One | Repo | orting Person | ı | | |
| ST. LOUIS | | | 63141 | | _ | | | | | | | | | | | Form fi | | e than | One Repor | ting | | |
| (City) | | tate) | (Zip) | | | | | | | | | | | | | 1 61301 | | | | | | |
| | | Tab | le I - Nor | ı-Deriv | vativ | e Se | curities | s Ac | quire | d, Di | ispos | sed o | f, or Be | nefici | ally | Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | on Di | | | | 4 and Securition Benefici Owned I | | es For ally (D) Following (I) (I | Form (D) or | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Со | de V | Ar | mount | (A) or (D) | Pric | e | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| | | | Table II - | | | | | | | | | | | | | wned | | | | | | |
| | | 1 | 1 | | outs, | cans | 1 | | | | | | ole secu | | | | | _ | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transactio Code (Inst r) 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 5 | Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expir Date | expiration Date | Title | Amount or Number of Shares | er | | | | | | | |
| Employee Stock Options | \$22.65 | 02/18/2010 | | | A | | 30,350 | | (1 | 1) | 02/18 | 8/2020 | Common Stock | 30,35 | 0 | \$0.00 | 30,350 | | D | | | |

Explanation of Responses:

1. The options vest ratably over 4 years as follows: 7,588 shares vest on February 18, 2011; 7,588 shares vest on February 18, 2012; 7,587 shares vest on February 18, 2013; 7,587 shares vest on February 18, 2014.

Remarks:

/s/ Jon S. Ploetz, Attorney-in-02/22/2010 **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.