FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*  Kelley Allen R.						2. Issuer Name and Ticker or Trading Symbol ARCH COAL INC [ ARCH ]								ck all applica	,		on(s) to Issue 10% Ow Other (s	ner		
(Last) (First) (Middle) ONE CITYPLACE DRIVE SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 10/05/2016								- X Onicer (give title Other (specify below)  VP - Human Resources						
(Street) ST. LOUI (City)	Street) ST. LOUIS MO 63141  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
			le I - Nor			_			1	Dis		-								
Date				Date	2. Transaction Date Month/Day/Year)			eemed tion Date, h/Day/Year)	3. Transaction Code (Instr. 8)			es Acquired Of (D) (Instr.		4 and 5) Securities Beneficial Owned Fo		Form:	Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock 10/05.							/2016				190(1)	D	\$0.00	(	0		D			
		-	Table II -								osed of, o			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 I if any (Month/Day	Date,		Transaction Code (Instr.		umber of ivative urities uired (A) bisposed D) (Instr. and 5)	6. Date Expirat (Month	ion Da			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)				
Employee Stock Optoins	\$0.00 <sup>(2)</sup>	10/05/2016		D				2,640 <sup>(2)</sup>	(2)			Common Stock	2,640	\$0.00	0		D			
Performance Stock Awards	\$0.00 <sup>(3)</sup>	10/05/2016			D			11,490 <sup>(3)</sup>	(3)		(3)	Common Stock	11,490	\$0.00	0		D			
Restricted Stock Units	\$0.00 <sup>(4)</sup>	10/05/2016			D			11,490 <sup>(4)</sup>	(4)		(4)	Common Stock	11,490	\$0.00	0		D			

## **Explanation of Responses:**

- 1. Represents shares cancelled for no value on October 5, 2016, the Effective Date of Arch Coal, Inc.'s Fourth Amended Joint Plan of Reorganization and the date on which Arch Coal, Inc. emerged from Chapter 11.
- 2. Represents vested employee stock options cancelled for no value on October 5, 2016, the Effective Date of Arch Coal, Inc.'s Fourth Amended Joint Plan of Reorganization and the date on which Arch Coal, Inc. emerged from Chapter 11.
- 3. Represents Performance Stock Awards cancelled for no value on October 5, 2016, the Effective Date of Arch Coal, Inc.'s Fourth Amended Joint Plan of Reorganization and the date on which Arch Coal, Inc. emerged from Chapter 11.
- 4. Represents Restricted Stock Units cancelled for no value on October 5, 2016, the Effective Date of Arch Coal, Inc.'s Fourth Amended Joint Plan of Reorganization and the date on which Arch Coal, Inc. emerged from Chapter 11.

## Remarks:

/s/ Rosemary L. Klein, Attorney-in-Fact

10/07/2016

\*\* 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.