FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

Name and Address of Reporting Person* LORSON JOHN W						2. Issuer Name and Ticker or Trading Symbol ARCH COAL INC [ARCH]									ationship of Reporting k all applicable) Director Officer (give title		g Person(s) to Issur 10% Ow Other (sp below) Acctg Officer		vner	
(Last) ONE CIT	st) (First) (Middle) IE CITYPLACE DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 10/05/2016											specify	
(Street) ST. LOUI: (City)	S MC	ate) (2	3141 Zip)	Deriv		6. Individual or Joint/Group Filing (Line) X Form filed by One Report Form filed by More than Person ive Securities Acquired, Disposed of, or Beneficially Owned											rting Persor	1		
1. Title of Security (Instr. 3) 2. Trans Date (Month)						ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) or	5. Amour Securitie Beneficia Owned F	s lly ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	unt (A) or Pr		Price	Reported Transacti (Instr. 3 a				(Instr. 4)	
Common S	Stock			10/0	5/2016				J		235(1)	D		\$0.00)		D		
		ī	able II - D								osed of, onvertib				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 D if any (Month/Day/	ate,	1. Fransaction Code (Instr. 3)				6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v			Date Exercisable		Expiration Date	Title	or No of	umber		(Instr. 4)	on(s)			
Employee Stock Options	\$0.00 ⁽²⁾	10/05/2016			D			4,205 ⁽²⁾	(2)		(2)	Commo Stock	ⁿ 4	,205	\$0.00	0		D		
Performance Stock Awards	\$0.00 ⁽³⁾	10/05/2016			D			1,755 ⁽³⁾	(3)		(3)	Commo Stock	ⁿ 1	.,755	\$0.00	0		D		
Restricted	\$0.00 ⁽⁴⁾	10/05/2016			D			1,755 ⁽⁴⁾	(4)		(4)	Commo	n 1	.755	\$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 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.