FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

| | OMB APPROVAL | | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
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C Deletionship of Deporting December (a) to Jacus

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 BESTEN C HENRY JR | | | | | | ARCH COAL INC [ACI] | | | | | | | | | eck all appli Direct | cable) or | 10% Ow | | vner | |
|--|---|--|--|--------|---|---|------|--|-----------------------------|---------|--|---------|---|--|---|---|-------------------------------------|--|--|--|
| (Last) (First) (Middle) ONE CITYPLACE DRIVE SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2011 | | | | | | | | | X Officer (give title below) Other (specify below) Senior VP-Strategic Dev. | | | | | |
| (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 ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deri | ivativ | e Se | curi | ties Ac | quire | d, D | ispo | sed o | f, or Be | neficial | ly Owned | <u> </u> | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. r) 8) | | on Di | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | Benefici Owned | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Cod | de V | Aı | mount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | (| Instr. 4) | |
| Common Stock 03/02 | | | | | | 2011 | | | M | ı | | 11,650 | 0 A | \$14.0 | 5 16 | 16,300 | | D | | |
| Common | Stock | | | 03/0 | 02/201 | .1 | | | S | | | 11,650 | 0 D | \$34.0 | 5 4, | 650 | 0 D | | | |
| | | - | Гable II - | | | | | | | | | | or Bend ble secu | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Expira (Monti | tion D | | e and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expi Date | iration | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Options (right to buy) | \$14.05 | 03/02/2011 | | | М | | | 11,650 | (1 | 1) | 02/19 | .9/2019 | Common Stock | 11,650 | \$0.00 | 23,300 | 0 | D | | |

Explanation of Responses:

1. The reporting person received 46,600 stock options on February 19, 2009. The stock options vested as follows: 11,650 stock options vested on February 19, 2010; 11,650 stock options vested on February 19, 2011; 11,650 stock options vest on February 19, 2012; and 11,650 stock options vest on February 19, 2013.

Remarks:

/s/ Jon S. Ploetz, Attorney-in-03/04/2011

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.