#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPR	OVAL						
	OMB Number:	3235-0287						
Estimated average burden								
ı	hours por rosponso:	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

1. Name and Address of Reporting Person* Albright Elizabeth						2. Issuer Name and Ticker or Trading Symbol Chemours Co [ CC ]									k all applic Directo	ctor		10% Ov	/ner
(Last) 1007 MA	(F ARKET ST	First)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015									below)	Officer (give title below)  Sr. VP - Hum		Other (s below) Resources	респу		
(Street) WILMINGTON DE 19899 (City) (State) (Zip)					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	le I - Noi	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	enefic	cially	Owned				
1. Title of Security (Instr. 3)  2. Trans. Date (Month/L				ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	Pr Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(11150.4)
Common	Stock, par	value \$.01		07/0	1/201	5			A		75,927	7 <sup>(1)</sup> A	. \$	60.00	75,	,927		D	
			Table II -						uired, D , option						wned		,		
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. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		[	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option (Right to Buy)	\$18.4494	07/01/2015			A <sup>(2)</sup>		43,070		(3)	0	2/03/2022	Common Stock	43,0	070	\$0.00	43,070	)	D	

### **Explanation of Responses:**

- 1. Represents restricted stock units granted in accordance with the Employee Matters Agreement (the "Agreement") dated as of June 26, 2015 between the Issuer and E. I. du Pont de Nemours and Company ("DuPont") to replace restricted stock units and related dividend equivalent units of DuPont held by the Reporting Person immediately before the legal and structural separation of Issuer from DuPont (the "Spin-
- 2. Award replaces stock options of DuPont held by the Reporting Person immediately before the Spin-off pursuant to the Agreement. Information reported in this row is estimated as of July 6, 2015 based on preliminary information regarding the Spin-off. Final information, if different, will be reported in a subsequent filing.
- 3. Options to purchase shares of Issuer common stock vest in three approximately equal annual installments beginning on February 4, 2016.

### Remarks:

/s/ Brian Morrissey, as attorney-in-fact for Elizabeth

07/06/2015

<u>Albright</u>

\*\* 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.