1. Name and Address of Reporting Person

Jurecka Shannon L
C/O CELANESE CORPORATION
222 W LAS COLINAS BLVD., STE 900N
IRVING TX 75039

2. Issuer Name and Ticker or Trading Symbol

Celanese Corp [ CE ]

3. Date of Earliest Transaction (Month/Day/Year)

02/09/2019

5. Relationship of Reporting Person(s) to Issuer

X SVP, HR (CHRO)

4. If Amendment, Date of Original Filed


Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

Common Stock

2. Transaction Date (Month/Day/Year)

02/09/2019

3A. Deemed Execution Date, if any (Month/Day/Year)

F

3. Transaction Code (Instr. 8)

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)

147

5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)

$95,315

6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

D

7. Nature of Indirect Beneficial Ownership (Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)

2. Conversion or Exercise Price of Derivative Security

3. Transaction Date (Month/Day/Year)

4. Transaction Code (Instr. 8)

5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)

6. Date Exercisable and Expiration Date (Month/Day/Year)

7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)

8. Price of Derivative Security (Instr. 5)

9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)

10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Shares withheld for the payment of taxes on the vesting of time-based restricted stock units.

Remarks:

James R. Peacock III,
Attorney-in Fact for Shannon L. Jurecka
02/12/2019

** Signature of Reporting Person

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).


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.