1. Name and Address of Reporting Person
   GALANTE EDWARD G
   (Last) (First) (Middle)
   C/O CELANESE CORPORATION
   222 W. LAS COLINAS BLVD., SUITE 900N
   IRVING TX 75039

2. Issuer Name and Ticker or Trading Symbol
   Celanese Corp [ CE ]

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   X Director 10% Owner
   Officer (give title below) Other (specify below)

3. Date of Earliest Transaction (Month/Day/Year)
   04/25/2019

4. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>04/25/2019</td>
<td></td>
<td>A</td>
<td>1,404&lt;sup&gt;1&lt;/sup&gt; &lt;sup&gt;(A)&lt;/sup&gt;</td>
<td>8,074</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

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

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**Explanation of Responses:**

1. Annual grant of restricted stock units pursuant to the Company's 2018 Global Incentive Plan. The restricted stock units vest in full on the one-year anniversary of the date of grant.

**Remarks:**

/s/ James R. Peacock III
Attorney-in-Fact for Edward G. Galante
04/29/2019

**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).


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.