McRae Lawrence D Form 4 November 06, 2009

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

burden hours per

Estimated average response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Stock

(Print or Type Responses)

See Instruction

				2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
		CORNING INC /NY [GLW]					(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction										
ONE RIVERFRONT PLAZA			(Month/Day/Year) 11/04/2009					Director _X_ Officer (g		10% Owner Other (specify			
								below)	dent				
		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check						
	Filed(Month/Day/Year)					Applicable Line)							
							_X_ Form filed by One Reporting Person Form filed by More than One Reporting						
CORNING						Person							
(City)	(State) Table I - Non-Derivative Securities Ac							cquired, Disposed of, or Beneficially Owned					
1.Title of	2. Transaction Date			3.	4. Securit		-	5. Amount of	6.	7. Nature of			
Security (Month/Day/Year) Execution any (Month/Day/Control of the control of the			Code (Instr. 3, 4 and 5)					Securities	Ownership Form: Direct (D)	Indirect Beneficial Ownership			
							3)	Beneficially Owned					
								Following	(Instr. 4)				
						(A)		Reported	(I)				
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)				
				Code V	Amount	(D)	Price	(Ilisti. 3 alid 4)					
Common Stock	11/04/2009			S	15,000	D	\$ 14.82	60,319	D				
_										Held By			
Common								758.68	I	Wife - Emp.			
Stock										Benefit Plan			
										Trustee			
Common								5,631.72	I	U/employee			
Stock								3,031.72	1	Orempioyee			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

Benefit Plan

#### Edgar Filing: McRae Lawrence D - Form 4

required to respond unless the form displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	umber Expiration Date		Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities		(Instr. 3	and 4)		Owne	
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									mount		
						Date	Expiration sable Date	of			
						Exercisable					
				C 1 W	(A) (D)						
				Code V	(A) (D)			S	hares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

McRae Lawrence D

ONE RIVERFRONT PLAZA Senior Vice President

CORNING, NY 14831

### **Signatures**

Denise A. Hauselt, Power of Attorney 11/06/2009

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- \* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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