PHELPS DODGE CORP Form 3/A October 19, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB ODDE ON

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Mailhot Nancy F | | | 2. Date of Event Requiring Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol PHELPS DODGE CORP [PD] | | | | | |
|--|--------------------|---------------------------|---|--|---|---|---|--|--|--|
| (Last) (| First) | (Middle) | 10/04/2005 | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| C/O PHELPS I CORPORATIO NORTH CENT | DN, ON | | | | (Check all applicable) | | | 10/14/2005 | | |
| | Street) | LITCL | | | X_ Office (give title belo | Director 10% Owner _X Officer Other give title below) (specify below) Vice President-Human Resources | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting | |
| PHOENIX, AZ 85004 | | | | | | | | | Person Form filed by More than One Reporting Person | |
| (City) (S | State) | (Zip) | | Table I - N | lon-Deriva | ative S | Securitie | es Be | neficially Owned | |
| 1.Title of Security (Instr. 4) | | | | 2. Amount of Beneficially (Instr. 4) | | Forn Dire or In (I) | nership n: ect (D) ndirect tr. 5) | 4. Nat Owne (Instr | * | |
| Common Share | s | | | 1,704 <u>(1)</u> | | | D | Â | | |
| Reminder: Report of owned directly or i | | te line for ea | ch class of secu | irities benefici | ially | SEC 14 | 473 (7-02) | | | |
| | informa require | ation conta d to respo | oond to the c ined in this f nd unless the IB control nu | orm are not e form displ | | | | | | |

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|--|--|---|---|---|
| | | | Derivative | Security: | |

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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| Date | Expiration | Title | Amount or | Security | Direct (D) |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date | | Number of | | or Indirect |
| | | | Shares | | (I) |
| | | | | | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|----------------|------------|--------------------------------|-------|--|--|
| | Director | 10% Owner | Officer | | Other | | |
| Mailhot Nancy F C/O PHELPS DODGE CORPORATION ONE NORTH CENTRAL AVENUE PHOENIX, AZ 85004 | Â | Â | Â | Vice President-Human Resources | Â | | |
| Signatures | | | | | | | |
| /s/ Catherine R. Hardwick, attorney-in-fact for Nancy F. Mailhot | | | 10/19/2005 | | | | |
| **Signature of Reporting Person | | | | Date | | | |
| Explanation of Respons | es: | | | | | | |
| * If the form is filed by more than one reporting p | berson, see | Instruction 5(| 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).

(1) This amendment is being filed solely to add the written Power of Attorney, which is attached as an Exhibit.

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Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.