## FOSTER JONATHAN F Form 3 November 17, 2010 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL

## 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 A<br>Person <u>*</u><br>FOSTER  |   | U        | 2. Date of Event R<br>Statement<br>(Month/Day/Year)            | Chemtu  | <sup>g</sup> 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Chemtura CORP [CHMT] |   |   |  |  |  |  |  |
|---|---|----------|--|---|---|---|---|--|--|--|--|--|
| (Last)  | (First)   | (Middle) | 11/10/2010   |   | 4. Relationship of Reporting Person(s) to Issuer  |   |   | 5. If Amendment, Date Original Filed(Month/Day/Year)   |  |  |  |  |
| 199 BENSON ROAD   |   |          |  |   |   |   |   | •  |  |  |  |  |
| (Street)  |   |          |  | (Che  |   |   | 6. Individ  | 6. Individual or Joint/Group   |  |  |  |  |
| MIDDLEBU  | JRY, CT.  | 06749    |  | Off   | Officer 10% Owner<br>Officer Other<br>(give title below) (specify below)                |   | her Filing(Ch<br>_X_Form<br>Person<br>Form            | Filing(Check Applicable Line)<br>_X_Form filed by One Reporting<br>Person<br>Form filed by More than One<br>Reporting Person |  |  |  |  |
| (City)  | (State)   | (Zip)    | Ta   | ble I - Non-Der   | Non-Derivative Securities Beneficially Owned  |   |   |  |  |  |  |  |
| 1.Title of Security<br>(Instr. 4)   |   |          |  | Amount of Securitie<br>neficially Owned<br>str. 4)                          | cially Owned Ownership Own  |   | Nature of Ind<br>wnership<br>nstr. 5)                 | irect Beneficial   |  |  |  |  |
|   | Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) |          |  |   |   |   |   |  |  |  |  |  |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number. |   |          |  |   |   |   |   |  |  |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  |   |          |  |   |   |   |   |  |  |  |  |  |
| 1. Title of Deri<br>(Instr. 4)  | vative Securi   | Expi     | ate Exercisable and<br>ration Date<br>/Day/Year)<br>Expiration | 3. Title and Amou<br>Securities Underly<br>Derivative Securit<br>(Instr. 4) | ving  | 4.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 5.<br>Ownership<br>Form of<br>Derivative<br>Security: | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5)  |  |  |  |  |

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

Date

Exercisable

Expiration

Title

Date

3235-0104

January 31,

2005

0.5

Number:

Expires:

response ...

Estimated average burden hours per

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                        | Relationships |           |         |       |  |  |
|--|---------------|-----------|---------|-------|--|--|
|  | Director      | 10% Owner | Officer | Other |  |  |
| FOSTER JONATHAN F<br>199 BENSON ROAD<br>MIDDLEBURY, CT 06749 | ÂX            | Â         | Â       | Â     |  |  |
| Signatures   |               |           |         |       |  |  |
| /s/ Alan Schutzman by Power of Attorney                      | 11/17/2010    |           |         |       |  |  |
| **Signature of Reporting Person                              | Date          |           |         |       |  |  |

## **Explanation of Responses:**

No securities are beneficially owned

\* If the form is filed by more than one reporting person, 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).

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.