

Breves Christine S  
 Form 3/A  
 December 15, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL  
 OMB Number: 3235-0104  
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**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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Breves Christine S		(Month/Day/Year)	UNITED STATES STEEL CORP [X]	
(Last)	(First)	(Middle)	04/25/2017	
600 GRANT STREET			4. Relationship of Reporting Person(s) to Issuer	
(Street)			(Check all applicable)	
PITTSBURGH, Â PA Â 15219			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) VP & Chief Supp. Chain Officer	
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)	
			04/28/2017	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**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 Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of Shares			

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Phantom Stock Units <sup>(1)</sup>	Â <sup>(2)</sup>	Â <sup>(2)</sup>	Common Stock	1,815.944	\$ <sup>(3)</sup>	D	Â
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## Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Breves Christine S 600 GRANT STREET PITTSBURGH, PA 15219	Â	Â	Â	VP & Chief Supp. Chain Officer	Â

## Signatures

/s/ Megan Roby, Attorney-in-Fact for Christine S.  
Breves

12/15/2017

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

- \* 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).
- (1) The original Form 3 filed on April 28, 2017 is being amended by this Form 3/A solely to include Phantom Stock Units held by the reporting person that were unintentionally omitted. The reporting person currently beneficially owns 2,203.716 Phantom Stock Units.
  - (2) The reported phantom stock units were acquired under the United States Steel Corporation Supplemental Thrift Program and are to be settled in cash upon the reporting person's retirement or other termination of service.
  - (3) Each phantom stock unit is the economic equivalent of one share of United States Steel Corporation common stock.
- 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.