FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* BESTEN C HENRY JR | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ARCH COAL INC [ACI] | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title | | son(s) to Iss 10% Ov Other (s | vner | |
|--|---|--|--|----------|---|---|---|---------|---|--------|--|---|--------------------------------------|-------------------------|---|---|--------------------|--|--|--|
| (Last) (First) (Middle) ONE CITYPLACE DRIVE SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/28/2003 | | | | | | | | | Senior VP-Strategic Dev. | | | | | |
| (Street) ST. LOUIS MO 63141 | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Person | ı | | | | |
| | | Tal | ole I - N | on-Deri\ | /ativ | e Se | curit | ties Ac | quirec | l, Di | sposed o | f, or Be | neficia | lly C | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | r) Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | and 5) Sec Ber Ow | | Amount of ecurities eneficially ened Following | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s (Instr. 3 and 4 | | | | (Instr. 4) | |
| Common Stock ⁽¹⁾ 10/28/20 | | | | | |)03 | | | M | | 13,000 | A | \$10.6 | 375 | 1, | 717 | | D | | |
| Common Stock ⁽¹⁾ 10/28/20 | | | | | 2003 | .003 | | | | | 12,300 | D | \$23 | 29 0 | | 0 | I | | By 401(K) | |
| Common Stock ⁽¹⁾ 10/28/20 | | | | | | | | | S | | 700 | D | \$23. | 39 | 14 | | | | By 401(k) | |
| | | | Table II | | | | | | | | posed of, converti | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 1. Fransaction Code (Instr. 3) | | | | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | De Se | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | | |
| Employee Stock | \$10.6875 | 10/28/2003 | | | M | | | 13,000 | 02/25/2 | 2001 | 02/25/2009 | Common Stock | 13,00 |) \$1 | 10.6875 | 0 | | D | | |

Explanation of Responses:

1. Cashless exercise of employee stock options

Remarks:

/s/ Janet L. Horgan, Attorneyin-Fact

10/29/2003

** 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).
- ** 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.

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.