## FORM 4

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

| OMB APF          | PROVAL    |
|------------------|-----------|
| OMB Number:      | 3235-0287 |
| Estimated averag | e burden  |

0.5

hours per response...

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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* Hulme Paul G |                                                           |                                           | 2. Issuer Name and Ticker or Trading Symbol<br>Huntsman CORP [HUN] |                                                                                  |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | 5                                                                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner                                                       |                                                                        |                                 |                                                                                                           |                                                                                |                                                 |
|-------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------|
| (Last) (First) (Middle)<br>500 HUNTSMAN WAY           |                                                           |                                           |                                                                    | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2009                      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                        |                                                                                                                                                  | X Officer (give title below) Other (specify below)  Division President |                                 |                                                                                                           |                                                                                |                                                 |
| (Street) SALT LAKE CITY, UT 84108                     |                                                           |                                           | 4. If Amendment, Date Original Filed(Month/Day/Year)               |                                                                                  |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                        | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person |                                                                        |                                 |                                                                                                           |                                                                                |                                                 |
| (City                                                 | y)                                                        | (State)                                   | (Zip)                                                              | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                        | d                                                                                                                                                |                                                                        |                                 |                                                                                                           |                                                                                |                                                 |
| (Instr. 3) Dat                                        |                                                           | 2. Transaction<br>Date<br>(Month/Day/Year | ) any                                                              | ion Date,                                                                        | if Code (Instr.                                                                                           | (.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                                                                        | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s)                                                               |                                                                        | d I                             | Ownership<br>Form:                                                                                        | Beneficial                                                                     |                                                 |
|                                                       |                                                           |                                           |                                                                    | (Montr                                                                           | n/Day/Yea                                                                                                 | Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | de V A                                                            | (A) commount (D)                                                       |                                                                                                                                                  | (Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4)                 |                                 | or Indirect<br>I)                                                                                         | Ownership<br>(Instr. 4)                                                        |                                                 |
| Common                                                | Stock                                                     |                                           | 03/01/2009                                                         |                                                                                  |                                                                                                           | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | [ 4                                                               | ,319 A                                                                 | <u>(1)</u> ]                                                                                                                                     | 19,426                                                                 |                                 | ]                                                                                                         | )                                                                              |                                                 |
| Reminder: 1                                           | Report on a s                                             | separate line for each                    | class of securities b                                              | eneficial                                                                        | ly owned                                                                                                  | directly or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Persons<br>in this f                                              | s who respo<br>orm are not<br>s a currently                            | required                                                                                                                                         | to respond                                                             | unless the                      |                                                                                                           | ed SEC                                                                         | 1474 (9-02                                      |
| Reminder: I                                           | Report on a s                                             | eparate line for each                     |                                                                    | Derivati                                                                         | ive Secur                                                                                                 | ities Acqu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Persons<br>in this f<br>display                                   | orm are not<br>s a currently<br>sed of, or Ber                         | required<br>valid ON<br>eficially C                                                                                                              | to respond<br>/IB control n                                            | unless the                      |                                                                                                           | ed SEC                                                                         | 1474 (9-02                                      |
| 1. Title of                                           | 2.<br>Conversion                                          | 3. Transaction                            |                                                                    | Derivati<br>(e.g., put<br>4.<br>Transaci<br>Code                                 | ive Secur<br>ts, calls, v<br>5. N<br>tion of<br>Deri<br>) Secu<br>Acqu<br>(A) O<br>Disp<br>of (I<br>(Inst | ities Acqu<br>varrants,<br>umber 6.<br>E vative (rities<br>uired or or or or ossed<br>b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Persons<br>in this f<br>display                                   | orm are not s a currently sed of, or Ber avertible secu isable and tte | required valid ON eficially Crities)  7. Title of Under Securities                                                                               | to respond  MB control in  Dwned  and Amount erlying                   | unless the<br>umber.            |                                                                                                           | f 10.<br>Owners<br>Form of<br>Derivati<br>Security<br>Direct (or Indire        | 11. Na<br>of Indi<br>Benefi<br>Owner<br>(Instr. |
| 1. Title of<br>Derivative<br>Security                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction Date                       | Table II -  3A. Deemed Execution Date, if any                      | Derivati<br>(e.g., put<br>4.<br>Transaci<br>Code                                 | 5. N<br>tion of<br>Deri<br>) Secu<br>Acq<br>(A) \(\delta\)                                                | ities Acquiverrants, umber 6. Evative (Nurities uired proposed (Nurities a) (Nurities (Nurities | Personin this findisplay                                          | orm are not s a currently sed of, or Ber avertible secu isable and tte | required valid ON eficially Crities)  7. Title of Under Securities                                                                               | to respond MB control in  Dwned  and Amount erlying ies                | 8. Price of Derivative Security | 9. Number o<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction( | f 10.<br>Owners<br>Form of<br>Derivati<br>Security<br>Direct (<br>or Indirect) | 11. Na<br>of Indi<br>Benefi<br>Owner<br>(Instr. |

### **Reporting Owners**

|                                | Relationships |              |                    |       |  |  |
|--------------------------------|---------------|--------------|--------------------|-------|--|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer            | Other |  |  |
| Hulme Paul G                   |               |              |                    |       |  |  |
| 500 HUNTSMAN WAY               |               |              | Division President |       |  |  |
| SALT LAKE CITY, UT 84108       |               |              |                    |       |  |  |

## **Signatures**

| Sean H. Pettey, by Power of Attorney | 03/03/2009 |
|--------------------------------------|------------|
| Signature of Reporting Person        | Date       |
|                                      |            |

## **Explanation of Responses:**

- $\star$  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).
- (1) Each share of phantom stock represents a right to receive one share of common stock or, at Huntsman Corporation's election, the cash value thereof. The reporting person's shares of phantom stock were settled for shares of 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.