FORM 4

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

| OMB APPROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| nours per response | e 0.5 | | | | | | |

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|-------------------|--|--|---|------------------------|-------------|-------|---|---|------------------|--|---|--|---|--|------------------------------------|------------|
| 1. Name and Address of Reporting Person* Stolle Russell R | | | | 2. Issuer Name and Ticker or Trading Symbol Huntsman CORP [HUN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 500 HUNTSMAN WAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2008 | | | | | | | | X Officer (give title below) Other (specify below) Sr. VP, Global Public Affairs | | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| SALT LAKE CITY, UT 84108 | | | | | | | | | | | | | | | | | | |
| (City |) | (State) | (Zip) | | | Ta | ble I | - Non | -Der | ivative S | Securitie | es Ac | equire | ed, Dispo | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ition Dat | eemed tion Date, if | (Instr. 8) | | tion | on 4. Securities Acquired (A) or Disposed of (I) (Instr. 3, 4 and 5) | | | D) E | Beneficia Reported | nt of Securities Illy Owned Following Transaction(s) | | Ownership | Beneficial |
| | | | | (Month/Day/Year) | | | ode | V | Amoun | (A) or t (D) | Prio | Ì | Instr. 3 a | and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock | | 03/01/2008 | | F ⁽¹ | | (1) | | 457 | D | \$ 24. | .13 | 24,355 | | | D | | |
| | | | Table II - | | | | | quire | the f d, Di | orm dis | splays a | a cur enefic | rrent cially | lly valid | | spond unle rol numbe | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | rcise (Month/Day/ | ansaction 3A. Deemed Execution Dar any | ite, if | 4. Transaction Code (Instr. 8) | | 5. Number a | | tions, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7 A U S | 7. Titl Amou Jnder Securi Instr. | rlying ities 3 and | | 9. Number o Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owners Form of Derivate Security Direct of India | Beneficial Ownership y: (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exer | | Expiration Date | on T | Γitle | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|-------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Stolle Russell R 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108 | | | Sr. VP, Global Public Affairs | | | | | |

Signatures

| Rachel K. Muir, by Power of Attorney | 03/04/2008 | | |
|--------------------------------------|------------|--|--|
| **Signature of Reporting Person | Date | | |

Explanation of Responses:

* 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) Shares automatically withheld upon vesting of restricted stock to satisfy tax withholding obligations.

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.