

# FORM 3

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

OMB APPROVAL  
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### INITIAL STATEMENT OF 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 *<br><b>STEPHENS JOHN JOSEPH</b><br><br>(Last) (First) (Middle)<br><b>333 NORTH CENTRAL AVENUE</b><br><br>(Street)<br><b>PHOENIX, AZ 85004</b><br><br>(City) (State) (Zip)                                               | 2. Date of Event Requiring<br>Statement (MM/DD/YYYY)<br><b>10/18/2019</b> | 3. Issuer Name and Ticker or Trading Symbol<br><b>FREEPORT-MCMORAN INC [FCX]</b>                                                                                                                              |
| 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) |                                                                           |                                                                                                                                                                                                               |
| 5. If Amendment, Date<br>Original Filed(MM/DD/YYYY)                                                                                                                                                                                                              |                                                                           | 6. Individual or Joint/Group Filing(Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

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

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------|
|------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------|

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivate Security<br>(Instr. 4) | 2. Date Exercisable<br>and Expiration Date<br>(MM/DD/YYYY) | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) | 4. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 5. Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D) or<br>Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
|                                             | Date<br>Exercisable                                        | Expiration<br>Date                                                                   | Title                                                              | Amount or Number of<br>Shares                                                                     |                                                             |

#### Explanation of Responses:

No securities are beneficially owned.

#### Reporting Owners

| Reporting Owner Name / Address                                        | Relationships |           |         |       |
|-----------------------------------------------------------------------|---------------|-----------|---------|-------|
|                                                                       | Director      | 10% Owner | Officer | Other |
| STEPHENS JOHN JOSEPH<br>333 NORTH CENTRAL AVENUE<br>PHOENIX, AZ 85004 | X             |           |         |       |

#### Signatures

Kelly C. Simoneaux on behalf of John J. Stephens pursuant to a power of attorney

10/22/2019

\*\*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 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.

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.