FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 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

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* <u>Tracey Patricia A</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol UNITED STATES STEEL CORP [X] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all applicab | le) | erson(| son(s) to Issuer | |
|---|--|--|---|------------|--|---|--|-------------------------|--|------|--------------------|---|---|---|---|---|-----------------------|--|---------------------------------------|
| (Last) | (First) | (Mi | ddle) | 06/21/2007 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| 13600 EDS DRIVE #A5N-E24 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable L X Form filed by One Reporting Person | | | | , | |
| (Street) HERNDON | VA | 20 | 171 | | | | | | | | | | | | Form file | d by More | than O | ne Reportin | g Person |
| (City) | (State) | (Zip | o) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Der | ivativ | e Se | curitie | s Acqı | uired, I | Disp | osed of, | or E | 3enefi | cially Ov | /ned | | | | |
| Date | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount Securities Beneficiall Following Transactio | y Owned Reported | Form: | nership Direct (D) irect (I) 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 an | | | | (111541.4) |
| United States Steel Corporation Common Stock 06/2 | | | | | /21/2007 | | | | P | | 829 | | A | \$112.91 | 1,338.511 | | | D | |
| United States Steel Corporation Common Stock 06/2 | | | | 21/2007 | | | | A ⁽¹⁾ | | 829 | | A | \$0.00 | 2,167.511 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te Se ear) De | | tle and Ai irities Un vative Se r. 3 and 4 | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| Explanation of Re | snonses: | | | | Code | v | V (A) (D) | | | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | |

1. Shares acquired under the terms of the United States Steel Corporation Non-Employee Director Stock Plan.

Remarks:

R. M. Stanton by Power of Attorney

06/22/2007

** 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.