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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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

(Print or Ty	pe Response	s)																		
1. Name and Address of Reporting Person* OWENS CHRISTINE M						2. Issuer Name and Ticker or Trading Symbol UNITED PARCEL SERVICE INC [UPS]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 55 GLENLAKE PARKWAY, NE					3. Date of Earliest Transaction (Month/Day/Year) 11/10/2006								X Officer (give title below) Other (specify below)  Senior Vice President							
(Street) ATLANTA, GA 30328					4. If	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) (State) (Zip)					Table I - Non-Derivative Securities Acqui							Acquir	ired, Disposed of, or Beneficially Owned							
(Instr. 3) Date (Month/Day/Year) a			Execut any	2A. Deemed Execution Date, if any Month/Day/Year		Code (Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)			Beneficia Reported		ant of Securities ially Owned Following d Transaction(s)		Ownership Form:		7. Nature of Indirect Beneficial Ownership			
				(WIOIIII	ui/Day/Tear)		Code	V	' Ar	mount	(A) or (D)	Pr	rice	(Instr. 3 and 4)			` /		(Instr. 4)	
Class A (	Common S	Stock	11/10	/2006				S		10	0,000	D	\$ 75	5.30	72,925	.9461		D		
Class A Common Stock 11/13/2006								9,	885	D	\$ 76.0	0333	63,040	,040.9461		D				
				Table II		ative Seco			th	ne fo	orm dis	splays	s a c Bene	urren ficially	tly valid	iired to res OMB cont				
Security	2. Conversion or Exercise Price of Derivative Security	3. Transact Date (Month/Da			d Date, if	4. 5. Transaction Code of (Instr. 8) Deri Sect Acq (A) Disprise of (I (Instr. 8) Code (Instr.		5. Numbe of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3	5. 6 Number a for control of the con		and Expiration Date (Month/Day/Year)  S (			7. Tit Amou Unde Secur (Instr 4)	Amount or Number	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y E E E E E E E E E E E E E E E E E E E	0. Dwnership Form of Derivative Security: Direct (D) or Indirect I) Instr. 4)	Beneficia Ownershi (Instr. 4)
						Code	V	(A) (	D)	xerc	isaoie	Date			of Shares					
Renor	ting ()	wners																		

## epor ung

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
OWENS CHRISTINE M 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328			Senior Vice President					

# Signatures

Christine M. Owens	11/14/2006
**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).

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.