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 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 | | | | |
|---|---|------------------|--------------------------------------|---|----------------|-------|--|------------|--|--|--|---|--|--|---|--|-------------------------|
| 1. Name and Address of Reporting Person* EIZENSTAT STUART E | | | | 2. Issuer Name and Ticker or Trading Symbol UNITED PARCEL SERVICE INC [UPS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 55 GLENLAKE PARKWAY, NE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2007 | | | | | | | y/Year) | Office | er (give title belo | ow) | Other (specify b | elow) | |
| (Street) ATLANTA, GA 30328 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | n/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 Acqu | | | | | | | Securitie | uired, Disp | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any | | ĺ | (Instr. 8) | | (A) or Disposed of (D (Instr. 3, 4 and 5) | | Reported Transaction(s) | | Following | Form: | 7. Nature of Indirect Beneficial | | |
| | | | | (Mont | onth/Day/Year) | | | ode | V | Amoun | (A) or t (D) | Price | Ì | r. 3 and 4) | | \ / | Ownership (Instr. 4) |
| Class A (| Common S | Stock | 02/08/2007 | | | | J | <u>(1)</u> | | 1,501 | A | \$ 73.3 | 3 2,920.1 | 2,920.1543 | | D | |
| Class B Common Stock | | | | | | | | | | | | 200 | | | D | | |
| Reminder: | Report on a s | separate line to | | Deriva | | curit | ies Ac | quire | Pers cont the f | ons whatined in the contract of the contract o | no responding this for this for the splays and the splays are so that the splays are spl | orm a a curr enefici | re not requently valides ally Owned | OMB con | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of | 2. | 3. Transactio | | | 4. | | 5. | ıs, op | | ate Exer | | | Title and | 8. Price of | 9. Number | of 10. | 11. Natur |
| | Conversion or Exercise Price of Derivative Security | | Execution Day (Year) any | , | | | Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | and Expiration Date (Month/Day/Year) | | Aı Uı Se | mount of nderlying curities nstr. 3 and | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | nip of Indirect Beneficia Ownershi (Instr. 4) | |
| | | | | С | Code | V | (A) | (D) | Date Exer | | Expirati Date | Ti | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| EIZENSTAT STUART E 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328 | X | | | | | |

Signatures

| Stuart E. Eizenstat | 02/12/2007 |
|---------------------------------|------------|
| **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) Reflects shares of restricted stock granted under the United Parcel Service, Inc. Incentive Compensation Plan.

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.