FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

MISSION

OMB APPROVAL

OMB Number: 3235-0287

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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 Typ	pe Responses	5)													
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)Director10% Owner						
(Last) (First) (Middle) 55 GLENLAKE PARKWAY, NE			3. Date of Earliest Transaction (Month/Day/Year) 05/02/2007						X Officer (give title below) Other (specify below) Senior Vice President						
(Street) ATLANTA, GA 30328			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							ed			
1.Title of S (Instr. 3)	· · · · · · · · · · · · · · · · · · ·			(Month/Day/Year)		de	(A) or Disposed (Instr. 3, 4 and 5		d of (D) S Owned Follow Transaction(s (Instr. 3 and 4				Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities b	eneficial	lly ov	vned direc	tly or	Persons					tion contain	ed SEC	1474 (9-02)
Reminder:	Report on a s	eparate line for each		· Derivat	ive S	ecurities A	Acqui	Persons in this fo displays	orm are not a currentled	t required ty valid OM	to respond B control i	l unless th		ed SEC	1474 (9-02)
	ŕ		Table II -	Derivat	ive S	ecurities A	Acqui	Persons in this fo displays red, Dispos options, con	orm are not a currentled ed of, or Be vertible sec	t required t y valid OM neficially O urities)	to respond B control i	l unless th number.	e form		
1. Title of Derivative Security	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	ive Sots, ca	ecurities A	Acquints, or of e	Persons in this fo displays	orm are not a currentle ed of, or Be vertible sec	t required ty valid OM	to respond B control i wned	l unless th number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Owners Form of Derivati Security Direct (i or Indirect)	11. Natur of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transac Code	ive Sots, ca	ecurities A Ills, warra 5. Numbe Derivative Securities Acquired or Dispose (D) (Instr. 3, 4	Acquiants, or of e	Persons in this for displays red, Disposoptions, con 6. Date Executed and Expirate	orm are not a currentle ed of, or Be vertible sector cisable ion Date y/Year)	required to y valid OM neficially Ourities) 7. Title and of Underly Securities (Instr. 3 an	to respond B control i wned	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	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	05/03/2007
**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) One for One
- (2) The settlement date of the phantom stock generally will be the earlier of death, disability, retirement or termination of employment.

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.