# FORM 4

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

| OMB APP           | ROVAL     |
|-------------------|-----------|
| OMB Number:       | 3235-0287 |
| Estimated average | burden    |
| hours per respons | e 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

|                                                     | e Responses)                                                          |                                           |                                                                             |                                                             |                                       |                                                               |                                                                                                      |                                                                                           |                                                                                                                                                |                                                                           |                                 |                                                                                       |                                                                                         |                                                               |
|-----------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Name and Address of Reporting Person * Gray Myron A |                                                                       |                                           | 2. Issuer Name and Ticker or Trading Symbol UNITED PARCEL SERVICE INC [UPS] |                                                             |                                       |                                                               |                                                                                                      | 5. Re                                                                                     | 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) 10/26/2009 |                                       |                                                               |                                                                                                      |                                                                                           | X                                                                                                                                              | X Officer (give title below) Other (specify below)  Senior Vice President |                                 |                                                                                       |                                                                                         |                                                               |
| (Street) ATLANTA, GA 30328                          |                                                                       |                                           | 4. If Amendment, Date Original Filed(Month/Day/Year)                        |                                                             |                                       |                                                               |                                                                                                      | _X_ F                                                                                     | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person |                                                                           |                                 |                                                                                       | ne)                                                                                     |                                                               |
| (City) (State) (Zip)                                |                                                                       |                                           | (Zip)                                                                       | Table I - Non-Derivative Securities Acq                     |                                       |                                                               |                                                                                                      |                                                                                           | s Acquired,                                                                                                                                    | uired, Disposed of, or Beneficially Owned                                 |                                 |                                                                                       |                                                                                         |                                                               |
| (Instr. 3) Date                                     |                                                                       | 2. Transaction Date (Month/Day/Year)      | Execution any                                                               | execution Date, if                                          |                                       | e (A                                                          | Securities Acq<br>A) or Disposed (nstr. 3, 4 and 5)                                                  | of (D) Own<br>Trans                                                                       | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s)                                                             |                                                                           | d                               | Ownership<br>Form:                                                                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                                     |                                                               |
|                                                     |                                                                       |                                           |                                                                             | (Wolldi)/D                                                  | ay/ I cai                             |                                                               | ode V A                                                                                              | (A) or (D)                                                                                | Price                                                                                                                                          | or Indirect (I)                                                           |                                 |                                                                                       |                                                                                         |                                                               |
| Reminder: R                                         |                                                                       |                                           |                                                                             |                                                             |                                       |                                                               |                                                                                                      | s who respon<br>form are not r                                                            |                                                                                                                                                |                                                                           |                                 |                                                                                       | iou ble                                                                                 |                                                               |
| Reminder: R                                         |                                                                       |                                           |                                                                             |                                                             |                                       |                                                               | in this f                                                                                            | form are not r<br>is a currently<br>osed of, or Bend                                      | equired to valid OMB                                                                                                                           | respond<br>control                                                        | unless the                      |                                                                                       | Jac She                                                                                 | ( )                                                           |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year | 3A. Deemed<br>Execution Date, i                                             | 4.<br>Transac<br>Code                                       | stion Nu of Dee See Acc (A Dis of (In | arrant                                                        | quired, Dispose, options, co                                                                         | form are not rest a currently osed of, or Benomiertible securicisable and Date            | equired to valid OMB                                                                                                                           | respond<br>control in<br>ned  Amount                                      | unless the<br>number.           |                                                                                       | f 10.<br>Ownersh<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire           | 11. Natur<br>of Indirec<br>Beneficia<br>Ownersh<br>(Instr. 4) |
| 1. Title of<br>Derivative<br>Security               | Conversion<br>or Exercise<br>Price of<br>Derivative                   | Date                                      | 3A. Deemed<br>Execution Date, i                                             | 4.<br>Transac<br>Code                                       | stion Nu of Dee See Acc (A Dis of (In | mber rivative curities quired of or sposed (D) str. 3, and 5) | in this idisplay quired, Disposo, options, co 6. Date Exe Expiration I (Month/Day)  Date Exercisable | form are not rest a currently cosed of, or Bendenvertible securicisable and Date (//Year) | required to<br>valid OMB<br>eficially Own<br>rities)  7. Title and<br>of Underlying<br>Securities                                              | respond<br>control in<br>ned  Amount                                      | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction( | f 10.<br>Ownersh<br>Form of<br>Derivati<br>Security<br>Direct (I<br>or Indire<br>s) (I) | 11. Natur<br>of Indirec<br>Beneficia<br>Ownersh<br>(Instr. 4) |

### **Reporting Owners**

|                                                             |          | Relationships |                       |       |  |  |
|-------------------------------------------------------------|----------|---------------|-----------------------|-------|--|--|
| Reporting Owner Name / Address                              | Director | 10%<br>Owner  | Officer               | Other |  |  |
| Gray Myron A<br>55 GLENLAKE PARKWAY, N<br>ATLANTA, GA 30328 | E        |               | Senior Vice President |       |  |  |

### **Signatures**

| Robert S. Shaw, Power of Attorney | 10/28/2009 |
|-----------------------------------|------------|
| **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) Represents Restricted Stock Units (RSUs) granted as Management Incentive Awards under the United Parcel Service, Inc. Incentive Compensation Plan. Each RSU represents the right to receive one share of Class A common stock.

(2) RSUs vest at the rate of 20% on October 15th of each year during the vesting period.

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.