FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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 Responses	s)															
Name and Address of Reporting Person * MCDEVITT JOHN J				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) 09/17/2009									X Officer (give title below) Other (specify below) Senior Vice President				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year) 09/21/2009									6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
ATLAN (City	ΓA, GA 30	(State)	(Zip)														
(Cit	·)	(State)	(Σιρ)			Tal	ole I -	Non-D	erivati	ive Secur	ities .	Acquir	ed, Dispose	d of, or Bei	neficially Own	ed	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		if Co	(Instr. 8)		(A) or	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) (T	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		rted	Ownership Form:	Beneficial
							Code	Code V		(A) or Amount (D) Price		Price				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Class A	Common S	tock	09/17/2009				M ⁽¹⁾	Ť		2.50 A		¢	67,584.6833			D	
			Table II -	Derivativ	ve Seci	ırities	Acqui	forn	tained n displ	in this flays a cu	form urrer	n are no ntly val	ot required id OMB co	of inform I to respor ontrol num	nd unless the		474 (9-02)
4 50 0	I _a	I	Ta. 5 1	(e.g., puts				•						0.71.0		140	144.37
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	tercise of (Month/Day/Year) any (Month/Day/Year)	Execution Date, it	if Transaction of I Code Sec ar) (Instr. 8) Acc or I of (Instr. 8)		ecuriti	vative es ed (A) osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		of Se	Title an Underly ecurities nstr. 3 ar		Derivative Security	Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (I or Indirects)	Beneficia Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exerci		Expiration Date	n Tit	itle	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
					+							Class A					

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
MCDEVITT JOHN J 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328			Senior Vice President					

Signatures

Robert S. Shaw, Power of Attorney	10/27/2009
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).
- The originally filed form 4 should have indicated that the net securities received upon exercise of the Option to Purchase UPS Class A Common Stock were issued as Phantom Stock Units and added to reporting person's balance in the issuer's Deferred Compensation Plan.

- (2) One unit is equivalent to one share of UPS Class A Common stock.
- (3) Represents the participant's contributions to the UPS Deferred Compensation Plan. The settlement date of the Phantom Stock Units 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.