## FORM 4

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

OMB APPRO	VAL
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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)																		
1. Name and Address of Reporting Person * DARDEN CALVIN					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							
55 GLEN	- /	ARKWAY, NE	(Middle) 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2003								X_Officer (give title below) Other (specify below)  Senior / Vice President									
(Street) ATLANTA, GA 30328				4.	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							iired, D	ired, Disposed of, or Beneficially Owned							
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Yer			Year)			(Instr. 8)		ion	on 4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)		red (A)			urities Beneficially Reported Transaction(s)		Form:	ip of l Be	Beneficial		
					(Mor	nth/Day/Year)	С	ode	V	Amo	ount	(A) or (D)	Price					Direct (D) Ownership or Indirect (Instr. 4) (Instr. 4)		
Class A (	Common S	tock	07/18/2003	3			J	<u>(1)</u>	V	43.3	3898	A	\$ 64.37	180,	0,621.125			D		
Class A (	Common S	tock	06/30/2003	3			A	<u>(2)</u>	V	V 96.565		A	\$ 51.768	180,	180,577.7352		D			
Class A (	Class A Common Stock		09/09/2003	19/2003			J <u>(3)</u>		V	3.45	581	A	\$ 62.6	180,	,624.5831			D		
Class A Common Stock													1,45	1,455			I	Ch	nild III	
Reminder:	Report on a s	separate line for each	n class of securities b			owned directly			Pers this curr	form rently	are n valid	ot requ	ired to control i	respo numbe	nd unless t		ontained in splays a	SI	C 147	74 (9-02)
4 57:1 0	I.a.	I		١.	(e.g.	, puts, calls, v										lo n :		2 140		
1. Title of Derivative Security (Instr. 3) Price of Derivati Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Number of Derivative Securities Acquired (A Disposed of (Instr. 3, 4, 5)	A) or f (D)	Date		e Exercisable and Expiration h/Day/Year)			Und	7. Title and Amount o Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported	Own Form Deriv Secu Direct or In	of rative rity: rt (D)	Ownership (Instr. 4)
				Code	e V (A)		(D)	Date Exercisable			Expiration Dat		te Title	;	Amount or Number of Shares		Transaction (Instr. 4)	(s) (I) (Instr. 4	. 4)	1)
Phantom Stock Units	\$ 0	09/09/2003		J(4)		199.2769		08/08	8/198	38 <sup>(5)</sup>	08/08	8/1988	(5) Cor	ass A nmon tock	199.2769	\$ 62.6	50,098.18	318 1	)	

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DARDEN CALVIN 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328	X		Senior	Vice President			

#### **Signatures**

Calvin Darden	09/11/2003
**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 an acquisition of shares pursuant to the Qualified Stock Ownership Plan (QSOP).
- (2) Shares acquired pursuant to UPS Discounted Employee Stock Purchase Plan.
- $\textbf{(3)} \ \ \textbf{Shares acquired through reinvestment of dividends within Qualified Stock Ownership Plan (QSOP)}.$
- (4) Phantom stock units acquired through reinvestment of dividends within Deferred Compensation Plan.

(5) 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.