## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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

	pe Responses	·)													
1. Name and Address of Reporting Person * DAVIS D SCOTT			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) 01/05/2004						X Officer (give title below) Other (specify below)  Chief / Financial Officer						
(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 Acqu				ies Acquir	uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Deany (Month/Day/		ate, if Coo	(Instr. 8)		Securities Ac or Disposed str. 3, 4 and 5	of (D) O 5) T				Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						(	Code	V Am	ount (A) or	r Price	2			(I) (Instr. 4)	
Reminder:	Report on a s	eparate line for each	class of securities l	beneficial	ly ow	vned direct		Persons			collection			ed SEC 1	474 (9-02)
Reminder:	Report on a s	eparate line for each	Table II -	Derivati	ve Se	ecurities A	cquir	Persons in this fo displays	rm are not a currently ed of, or Ber	required valid ON	to respond IB control n	unless the		ed SEC 1	474 (9-02)
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	tion	ecurities A	r of (A) (A) ed of	Persons in this fo displays	rm are not a currently ed of, or Ber vertible secu rcisable ion Date	required valid ON neficially C	to respond MB control n  Owned  and Amount  ying	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Ownersh: Form of Derivativ Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia 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	Derivati (e.g., put 4. Transac Code	tion	5. Number Derivative Securities Acquired or Dispose (D) (Instr. 3, 4	cquir nts, op r of (A) ed of	Persons in this fo displays red, Dispose otions, conv 6. Date Exe and Expirat	rm are not a currently ed of, or Bervertible securicisable ion Date y/Year)	required valid ON neficially Curities)  7. Title an of Underly Securities (Instr. 3 and 1997)	to respond MB control n  Owned  and Amount  ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh: Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
DAVIS D SCOTT 55 GLENLAKE PARKWAY NE ATLANTA, GA 30328			Chief	Financial Officer	

#### **Signatures**

D. Scott Davis	01/07/2004
**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) Phantom stock units acquired through reinvestment of dividends within Deferred Compensation Plan.
- (3) 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.