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

| Name and Address of Reporting Person * LACY KENNETH W | | | | | 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) 04/28/2004 | | | | | | | X Officer (give title below) Other (specify below) Senior / Vice President | | | | | |
| (Street) ATLANTA, GA 30328 | | | | | 4. I | 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) | | | Ta | able I | - No | n-Derivative | Securit | ies Acc | quire | d, Dispo | osed of, or I | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) a | | Execution any | A. Deemed xecution Date, if ny Month/Day/Year) | | Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | or | Beneficially Owned Following Reported Transaction(s) | | d d | Ownership Form: Direct (D) | Beneficial Ownership | |
| | | | | | | | Co | ode | V | Amount | (A) or (D) | Pri | ice | (Instr | 3 and 4) | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Class A (| Common S | Stock | 04/28/20 | 04 | | | 1 | S | | 12,864.184 | 4 D | \$ 71.0 | 967 | 123,1 | 05.0494 | | D | |
| Class A | Common S | Stock | | | | | | | | | | | | | | | I (1) | Spouse (2) |
| | | separate | | | : II - Deri | vative Se | curit | ies Ac | equir | Persons when contained in the form dispersed. | no responding this is splays | form a a cur | are no rently | ot requ y valid | ired to res | spond unles | ss | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date | | onth/Day/Year) any | | med on Date, if | | | 5. Number of | | and Expiration Date (Month/Day/Year) | | 7. A U So (I | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form of Derivati Security Direct (I or Indire | Beneficia Ownersh (Instr. 4) |
| | | | | | | Code | V | (A) | (D) | Date Exercisable | Expirat Date | tion Ti | o | or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|----------------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| LACY KENNETH W 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328 | | | Senior | Vice President | | | |

Signatures

| Kenneth W. Lacy | 04/30/2004 |
|---------------------------------|------------|
| **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) Shares are held for the benefit of the person designated.
- (2) Reported for information purposes only. The undersigned disclaims any beneficial ownership in these shares.

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.