FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OIVID APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [EK] | | | | | | | | | Check | all app | ll applicable) Director | | 10% Owner | |
|---|----------------------------------|--|---|------------------------|------------|---|--|-------|---|-------|----------------------|---|---------------|---------|--|------------------------------------|---|---|--------------------------------|--|
| (Last) 343 STA | t) (First) (Middle) STATE STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2005 | | | | | | | | | X | Officer (give title below) Vice P | | residei | Other (specify below) resident | |
| (Street) ROCHES (City) | | R NY 14650 (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 12/10/2004 | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | , Dis | posed o | f, o | r Ben | efici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | 3. 4. Securitie Transaction Code (Instr. 8) | | | es Acquired (A) o Of (D) (Instr. 3, 4 | | | and 5) Sec Ber Ow | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | • | Transa | eported ansaction(s) nstr. 3 and 4) | | | (11150.4) |
| Common Stock ⁽³⁾ | | | | 12/10 | 12/10/2004 | | | | A | | 10,000(2) | | A | \$31.71 | | 18,052(1) | |] | D | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ov | vned | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | on Date, Trans Code | | Instr. | str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (| nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Some of these shares are restricted.
- 2. These restricted shares were granted under the 2000 Omnibus Long-Term Compensation Plan on 12/10/04. One-third of restrictions lapse on the third; fifth; and seventh anniversaries of the grant.
- 3. This amendment is made to correct the balance of the shares and the footnote of the 12/10/04 grant defining the schedule of the lapse of restrictions.

Remarks:

Laurence L. Hickey, as 02/18/2005 attorney-in-fact for Robert L Berman

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.