FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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).

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

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1. Name and Address of Reporting Person* LEE DEBRA L (Last) (First) (Middle) EASTMAN KODAK COMPANY				2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [EK] 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2005									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
													Office	Officer (give title below)		Other (below)						
343 STATE STREET				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)													plicable				
(Street) ROCHESTER NY 14650			_											X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	(State) (Zip)																				
		Tak	ole I - Nor	ı-Deriv	/ative	Se	curities	s Ac	quired, I	Disp	osed o	of, or	Bene	ficial	y Owne	t						
		Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dispose Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,		(A) or 3, 4 and	Benefic	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(5 4)			
Common	Stock														8,688 ⁽²⁾			D				
			Table II -						uired, Di						Owned							
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	ed 4. Date, Ti	4. Transa	Transaction Code (Instr. S) S		5. Number 6.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owr Forr Ily Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	OI N	umber								
Option (right to buy) ⁽⁴⁾	\$65.625								(3)	0:	1/02/2010	Comi		2,000		2,000)	D				
Option (right to buy) ⁽⁴⁾	\$38.7813								(3)	0:	1/01/2011	Comi		2,000		2,000)	D				
Option (right to buy) ⁽⁴⁾	\$29.1								(3)	0:	1/01/2012	Comi		2,000		2,000)	D				
Option (right to buy) ⁽⁴⁾	\$36.66								(3)	1:	1/21/2012	Comi		2,000		2,000)	D				
Option (right to buy) ⁽⁴⁾	\$24.49								(3)	1:	1/18/2013	Comi		2,000		2,000)	D				
Option (right to buy)	\$31.71								(1)	12	2/09/2014	Comi		1,500		1,500)	D				
Phantom Stock	(5)	01/03/2005			A		615 ⁽⁶⁾		(7)		(7)	Comi		615	\$32.5	615		D				

Explanation of Responses:

- 1. The restrictions lapse on the first anniversary of the date of grant.
- 2. Some of these shares are restricted.
- 3. These options vest one year after the date of grant.
- 4. Stock option granted under the 2000 Omnibus Long-Term Compensation Plan in a transaction exempt under Rule 16b-3.
- 5. This award converts to common stock on a 1-for-1 basis.
- 6. These units were credited to the reporting person's deferred compensation phantom stock account partial payment of the 2005 retainer.
- 7. Phantom stock units do not have exercise dates or expiration dates.

Remarks:

Laurence L. Hickey, as attorney-in-fact for Debra L.

01/20/2005

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.