FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL

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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).

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

1. Name and Address of Reporting Person* MEEK DANIEL T						2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [EK]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify							
(Last) (First) (Middle) EASTMAN KODAK COMPANY 343 STATE STREET							3. Date of Earliest Transaction (Month/Day/Year) 07/08/2004										X Unicer (give the Other (specify below) Senior Vice President						
(Street) ROCHESTER NY 14650					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Appl Line) X Form filed by One Reporting Person Form filed by More than One Reporti					on			
(City) (State) (Zip)																							
			le I - Nor	1		_				Dis	_				_								
D				2. Transaction Date (Month/Day/Yea		r) i	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Ir		tion Dispose		rities Acquired (A ed Of (D) (Instr. 3			5. Amount of Securities Beneficially Owned Following Reported		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)							
Common	Stock			07/08/2004		+			F	_	5780	B ⁽⁵⁾ D		\$2!	5.6	3,3	39(1)	39 ⁽¹⁾ D		61			
Common	Common Stock															1.742		742 I		Shares held by spouse.			
		1	_	(e.g., p			s, wai	rrant	s, optio	ıs, c	onvert	ible	secur	ities)								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Transaction of Ex				6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title an of Securit Underlyin Derivative (Instr. 3 at				curities erlying ative S	s ecurity	De	Price of erivative ecurity 1str. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	0 N	lmoun or lumbe of Shares	per								
Option (right to buy)	\$31.3								(2)	0	3/31/2009	Com Sto		8,000			8,000		D				
Option (right to buy)	\$31.3								(2)	0	9/17/2008	Com Sto		5,000			5,000		D				
Option (right to buy)	\$31.3								(2)	0	3/11/2009	Com Sto		107			107		D				
Option (right to buy)	\$31.3								(2)	0	3/29/2010	Com Sto		1,200)		11,200	0	D				
Option (right to buy)	\$31.3								(2)	0	1/11/2011	Com Sto		5,30	1		15,30	1	D				
Option (right to buy)	\$31.3								(3)	1	1/15/2011	Com Sto		20,000	0		20,000	0	D				
Option (right to buy)	\$36.66								(3)	0	3/31/2009	Com Sto		21,420	0		21,420	0	D				
Option (right to buy)	\$24.49								(3)	1	1/18/2010	Com Sto		6,97 5			6,975	5	D				
Option (right to	\$25.85								(3)	0	5/03/2011	Com		0,00	0		10,000	0	D				

Explanation of Responses:

- 1. Some of these shares are restricted.
- 2. These options have vested.
- 3. The options vest one-third on each of the first three anniversaries of the grant date.
- 4. Employee stock option granted under the 2000 Omnibus Long-Term Compensation Plan in a transaction exempt under Rule 16b-3.

5. Payment of FICA taxes.

Remarks:

James M. Quinn, as attorney-07/12/2004 in-fact For Daniel T. Meek

** 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.