FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

OMB APPROVAL

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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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Name and Address of Reporting Person* TRYCON LANDRA P.														5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
TYSON LAURA D														-	X Director				10% Owner				
(Last) (First) (Middle) EASTMAN KODAK COMPANY 343 STATE STREET				3. Date of Earliest Transaction (Month/Day/Year) 12/07/2005										Officer (give title Other (specifical below) below)									
545 STATE STREET				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable							
(Street) ROCHESTER NY 14650																X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(\$	State)	(Zip)																				
		Tá	able I - Noi	n-Deriv	vati	ive S	ecurit	ies	Acquire	ed,	Disp	osec	d of, o	r Ber	eficiall	y Ow	vned						
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ate, Tra	Transaction Dispo			curities Acquired (A) cosed Of (D) (Instr. 3, 4					Form ly (D) o		Direct I Indirect E str. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Co	de	v	Amou	nount (A) or (D)		Price	(Ir	Transaction(s) (Instr. 3 and 4)							
Common	Stock			12/0	7/20	005			A	A		1,50	00(1)	A	\$24.7	5	6,48	8(2)		D			
			Table II -						cquired nts, opt							Own	ned						
Derivative Conversion Date Execuse (Month/Day/Year) if any		3A. Deemed Execution Da if any (Month/Day/\)	ate, Tr	Code (Instr.		of Ex		Expiratio	ate Exercisable and iration Date nth/Day/Year)		and	7. Title and Amount Securities Underlyi Derivative Security (Instr. 3 and 4)		derlying curity	ng Derivative		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				C	ode	v	(A)	(D)	Date Exercisa	ble	Expi Date	ration	Title	Nu	nount or mber of ares								
Option (right to buy) ⁽³⁾	\$65.625								(4)		01/02	2/2010	Comm Stock		2,000			2,00	0	D			
Option (right to buy) ⁽³⁾	\$38.7813								(4)		01/01	1/2011	Comm Stock		2,000			2,00	0	D			
Option (right to buy) ⁽³⁾	\$29.1								(4)		01/01/2012		Comm Stock		2,000			2,000		D			
Option (right to buy) ⁽³⁾	\$36.66								(4)		11/21	/2012	Comm Stock		2,000			2,00	0	D			
Option (right to buy) ⁽³⁾	\$24.49								(4)		11/18	3/2013	Comm Stock		2,000			2,00	0	D			
Option (right to buy) ⁽³⁾	\$31.71								(4)		12/09	9/2014	Comm Stock		1,500			1,50	0	D			
Option (right to buy) ⁽⁵⁾	\$24.75	12/07/2005			A		1,500		(4)		12/06	5/2012	Comm Stock		1,500	\$.	24.75	1,50	0	D			
Phantom Stock	(6)								(7)			7)	Comm	on 4,	831.7203	3		4,831.7	203	D			

Explanation of Responses:

- 1. These shares are restricted.
- 2. Some of these shares are restricted.
- 3. Stock option granted under the 2000 Omnibus Long-Term Compensation Plan in a transaction exempt under Rule 16b-3.
- 4. These options vest one year after the date of grant.
- 5. Stock option granted under the 2005 Omnibus Long-Term Compensaton Plan.
- 6. This award converts to common stock on a 1-for-1 basis.
- 7. Phantom stock units do not have exercise dates or expiration dates.

Remarks:

Units

Laurence L. Hickey, as attorney-in-fact for Laura D.

12/09/2005

<u>Tyson</u>

Stock

** Signature of Reporting Person

- * 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.