FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average bu | ırden | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Hawley Michael</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [EK] | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--------|---------------------------|-----------------------------------|-----------------------------------|---|-----------------------|-----|--|--------------------|--|---|---|--|--------------------------------|--|--|
| (Last) (First) (Middle) EASTMAN KODAK COMPANY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2007 | | | | | | | Officer below) | (give title | | Other (sp below) | pecify |
| 343 STATE STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 08/06/2007 | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | STER N | Y | 14650 | | | | | | | | | _ | led by One led by More | | J | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | Transaction ate Ionth/Day/Y | Executio Day/Year) if any | | Execution Date, f any | | 3. Transaction Code (Instr. 8) 3. Toda (A) Disposed Of (D) (Instr. 3, 4) 5) | | d (A) or r. 3, 4 and | | es Formally (D) (Following (I) (I | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercipative Security | | (Month/Day/Year) if any | Execution Date | Date, Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 11(5) | | |
| Phantom Stock Units | (1) | 07/16/2007 | | J | v | 30.13 ⁽²⁾ | | (3) | (3) | Common Stock | 30.13 | \$0 | 3,843.32 | 2 | D | |

Explanation of Responses:

- 1. This award converts to common stock on a 1-for-1 basis.
- 2. These units were credited to the reporting person's account as dividend equivalents.
- 3. Phantom stock units do not have exercise dates or expiration dates.

Remarks

This amended Form 4 is filed to correct the number of Dividend Equivalents credited to the reporting person's account and to correct the number of shares reported in column 9.

<u>Laurence L. Hickey, as</u> <u>attorney-in-fact for Michael</u> 08/08/2007

<u>Hawley</u>

** 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.