FOULKROD PATRICIA G Form 5 February 13, 2003 1. Name and Address of Reporting Person Foulkrod, Patricia G. 96 South George Street Suite 500 York, PA 17401 USA 2. Issuer Name and Ticker or Trading Symbol Glatfelter (GLT) 3. IRS or Social Security Number of Reporting Person (Voluntary) 4. Statement for Month/Year 12/2002 5. If Amendment, Date of Original (Month/Year) 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner () Officer (give title below) () Other (specify below) 7. Individual or Joint/Group Filing (Check Applicable Line) (X) Form filed by One Reporting Person () Form filed by More than One Reporting Person TABLE I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |1. Title of Security |2. Trans- |2A.Execu- |3. Trans-|4. Securities Acquired (A)|5. Amo | action | action | or Disposed of (D) |Securi Date | Date | Code | |Benefi |Owned | (Month/ | (Month/ | | |Follow | Day/ | Day/ | +----+ Year) | Year) | Year) | |Amount |A/D|Price _____ ___+_____ Common Stock, Par Value \$.01 12/31/2002 G

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52476

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