Edgar Filing: MEYER HENRY L III - Form 4

MEYER HE Form 4													
January 03, 2													
FORM	4 UNITED	STATES	SECUI	RITIE	S A	ND EX	СНА	NGE C	OMMISSION	OMB AF	PROVAL		
Check th	uis box		Wa	shingt	ton,	D.C. 20)549			Number:	3235-0287 January 31,		
if no long subject to Section 1 Form 4 c Form 5	ger o STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(uction	a) of the l		tility I	Holo	ding Co	npan	y Act of	1935 or Section	I			
(Print or Type]	Kesponses)												
1. Name and Address of Reporting Person <u>*</u> MEYER HENRY L III			2. Issuer Name and Ticker or Trading Symbol Issuer KEYCORP /NEW/ [KEY]						Issuer	p of Reporting Person(s) to			
(Last)	(First) (N	Middle)	3. Date of Earliest Transaction (Chec					k all applicable)					
KEYCORP	QUARE	(Month/Day/Year) 12/08/2004						X Director 10% Owner X Officer (give title Other (specify below) Dther (specify below) Chair, CEO, Pres.					
CLEVELA	(Street) ND, OH 44114		4. If Ame Filed(Mo			ate Origin: r)	al		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by Mo Person	ne Reporting Per	rson		
(City)	(State)	(Zip)	Tab	le I - No	on-E	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	v Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed			actio 8)	4. Secur on(A) or D (Instr. 3,	ities Adispose 4 and (A) or	cquired d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Common	10/00/0004					Amount	, í	Price		D			
Shares	12/08/2004			G	V	1,716	D	\$0	267,586	D			
Common Shares	12/09/2004			G	V	334	D	\$ 0	267,252	D			
Common Shares	12/31/2004			F		1,449	D	\$ 33.875	225,228	D			
Common Shares									145,232	Ι	Savings and Excess Savings Plans ⁽¹⁾		

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	'Year)	Underly	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securiti	es	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
					(1) (D)				of		
				Code V	(A) (D)			S	Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
topoting office rand, radios	Director	10% Owner	Officer	Other				
MEYER HENRY L III KEYCORP 127 PUBLIC SQUARE CLEVELAND, OH 44114	Х		Chair, CEO, Pres.					
Signatures								
Steven N. Bulloch POA for He Meyer III	nry L.		01/03/2005					

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* 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).

(1) As of December 31, 2003.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.