## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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 <sup>*</sup> HESS JOHN B				2. Issuer Name and Ticker or Trading Symbol AMERADA HESS CORP [ AHC ]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
(Last) C/O AMERAD.				3. Date of Earliest Transaction (Month/Day/Year) 02/07/2006					Director Officer (give title below) Chairman		(specify		
1185 AVENUE OF THE AMERICAS				4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)								X	Form filed by One	e Reporting Pe	rson		
NEW YORK	NY	10036							Form filed by Mor Person	re than One Re	porting		
(City)	(State)	(Zip)											
	Та	able I - N	lon-Deriva	tive \$	Securities Acq	uired, Disp	osed of, or Benef	icially	Owned				
1. Title of Security	y (Instr. 3)		2. Transactic Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired Disposed Of (D) (Instr. and 5)		5. Amount of Securities Beneficially Owned Following	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	Reported Transaction(s) (Instr. 3 and 4)	(	(
Common Stock, \$1.00 par value	02/07/2006	J <sup>(1)</sup>		120,027	D	\$ <u>0</u>	0	Ι	See Note <sup>(1)</sup>
Common Stock, \$1.00 par value	02/07/2006	<b>J</b> <sup>(2)</sup>		26,237	A	\$ <mark>0</mark>	601,569	<b>D</b> <sup>(3)</sup>	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

		(e.g., p	uts, cal	ls,	warra	ants,	options, d	convertib	le sec	urities)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	 3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		of		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) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Distributed from a previously reported trust. 26,237 shares were distributed to the reporting person and 93,790 shares were distributed to a trust as to which the reporting person has no reporting obligations under Rule 16.

2. Acquired from distribution reported in Note 1.

3. This amount includes 210,000 shares held in escrow pursuant to the Corporation's Second Amended and Restated 1995 Long-Term Incentive Plan. The reporting person has only voting power of these shares until the lapsing of the period set by the Committee administering the plan at which time the shares plus accrued dividends will be delivered to the reporting person if he is still an employee of the Corporation.

George (	C. Barry	for Jo	<u>ohn B</u>	- 02/08/200	16
Hess				02/08/200	<u>/0</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.