FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burd	en								
	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).

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*  HECK SCOTT M						2. Issuer Name and Ticker or Trading Symbol AMERADA HESS CORP [ AHC ]										eck all applion	tionship of Reportin all applicable) Director Officer (give title		g Person(s) to Issuer  10% Owner Other (specif		
	(First) (Middle) AMERADA HESS CORPORATION AVENUE OF THE AMERICAS						3. Date of Earliest Transaction (Month/Day/Year) 02/02/2005										below) below)  Senior Vice President			poony	
(Street) NEW YO	W YORK NY 10036						4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tal	ole I - Non	-Deriv	ativ	e Se	curitie	ος Δ	cani	ired l	Disn	nsed	of o	Ren	eficial	v Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/I					sactio	n	2A. Dee Execution	2A. Deemed Execution Date,		ae, Transaction Code (Instr. 5)			urities Acquired (A) sed Of (D) (Instr. 3, 4			5. Amou Securiti Benefici Owned	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Ī	Code	v	Amount (A)		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock,\$1.0	0 par value		02/02	2/200	05				Α		5,0	00	A	\$0	16	,000		<b>D</b> <sup>(1)</sup>		
			Table II - I	Deriva e.g., p												Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	4. Transa Code (I		ction	5. Number		6. Da Expir	Date Exercisable Date Date Diration Date Onth/Day/Year)		e and 7. Title of Secu		Securities Securities Identifying Derivativicurity (Instr. 3 and		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	o O Fe D O O O O O O O O O O O O O O O O O O	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exerc	cisable	Exp	iration	Title		Amount or Number of Shares						
Option to Purchase Common Stock	\$89.87	02/02/2005			A		5,000		02/0	2/2006	02/0	02/2015	Com Stock, par v	\$1.00	5,000	\$0	5,000	)	D		
Option to Purchase Common Stock	\$89.87	02/02/2005			Α		5,000		02/02	2/2007	02/0	02/2015	Com Sto \$1.00 val	ck, ) par	5,000	\$0	5,000		D		
Option to Purchase Common	\$89.87	02/02/2005			A		5,000		02/03	2/2008	02/0	02/2015	Com Sto \$1.00	ck, ) par	5,000	\$0	5,000	)	D		

## **Explanation of Responses:**

1. These shares are head 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 Scott M. Heck

02/04/2005

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.