## 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> ORNSTEIN LAWRENCE H						2. Issuer Name and Ticker or Trading Symbol AMERADA HESS CORP [ AHC ]									elationship ck all appl Direct	,		rson(s) to I: 10% O	
(Last) (First) (Middle) 1185 AVENUE OF THE AMERICAS						3. Date of Earliest Transaction (Month/Day/Year) 06/02/2004									below	Officer (give title below) Senior Vice		Other (specify below) President	
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									1	ividual or Joint/Group Filing (Check Applicable			
	NEW YORK NY 10036 (City) (State) (Zip)														Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(S			autino al T				<b>f</b> i	-:-U	0	Oursed								
Table I - Non-Deriva           1. Title of Security (Instr. 3)         2. Transact Date (Month/Date)					ction	2A. Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Se Transaction Disp Code (Instr. and		4. Secu	curities Acquired (A osed Of (D) (Instr. 3		(A) or	-	unt of ies cially	Forn (D) o	rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amoun	nt (A (D	or P	rice	Report Transa				(
Commor	2004	004		Α		10,0	000 A		\$ <mark>0</mark>	33	33,000		<b>D</b> <sup>(1)</sup>						
	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 Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Executio if any (Month/I	med	4. Transact Code (In 8)	5. Number ion 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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amou or Numl of Share	ber					
Option to purchase Common Stock	\$72.43	06/02/2004			Α		10,000		06/02/2005	06/	/02/2014	Common Stock, \$1.00 par value	10,0	00	\$ <b>0</b>	10,000		D	
Option to purchase Common Stock	\$72.43	06/02/2004			A		10,000		06/02/2006	06/	02/2014	Common Stock, \$1.00 par value	10,0	00	\$0	10,000		D	
Option to purchase Common Stock	\$72.43	06/02/2004			А		10,000		06/02/2007	06/	02/2014	Common Stock, \$1.00 par value	100	00	\$0	10,000		D	

Explanation of Responses:

1. This amount includes 25,000 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 Lawrence <u>06/04/2004</u> <u>H. Ornstein</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.