FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

| washington, D.C. 20049                       | OMB APPROVA             |    |  |  |
|--|-------------------------|----|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number:             | 32 |  |  |
|  | Estimated average burde | n  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |  |
| hours per response:      |           |  |  |  |  |  |  |  |  |  |

| 1. Name and Address of Reporting Person*  HOLIDAY EDITH E  |  |           |                              |  |           | 2. Issuer Name and Ticker or Trading Symbol AMERADA HESS CORP [ AHC ]   |         |                                      |  |   |              |  |                      | Check all a   |   | • ( )   | Person(s) to Issuer  10% Owner |                   |
|--|--|-----------|------------------------------|--|-----------|---|---------|--------------------------------------|--|---|--------------|--|----------------------|---|---|---|--------------------------------|-------------------|
|  | LIN RESOU  | JRCES INC | Middle)                      |  |           | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2005   |         |                                      |  |   |              |  |                      |   |   | icer (give title<br>ow)   | Oth<br>belo                    | er (specify<br>w) |
| 901 MARINERS ISLAND BLVD 6TH FL  |  |           |                              |  | 4. If     | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable |         |                                      |  |   |              |  | Applicable           |   |   |   |                                |                   |
| (Street) SAN MA  | ATEO CA  | A 9       | 94404                        |  | -         |   |         |                                      |  |   |              |  |                      |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                                |                   |
| (City)   | (St  | tate) (   | Zip)                         |  |           |   |         |                                      |  |   |              |  |                      |   |   |   |                                |                   |
|  |  | Tabl      | le I - No                    | n-Deriv  | ative     | Se  | curitie | s Ac                                 | quired,  | Dis   | posed o      | f, o   | r Ben                | efici   | ally Ow   | ned   |                                |                   |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D   |  |           |                              |  | Execution |   |         | Transaction Disposed Code (Instr. 5) |  | ities Acquired (A)<br>d Of (D) (Instr. 3, 4 |              |  | nd Sec<br>Ben<br>Owr | mount of<br>urities<br>eficially<br>ed Following<br>orted       | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                 | 7. Nature<br>of Indirect<br>t Beneficial<br>Ownership<br>(Instr. 4) |                                |                   |
|  |  |           |                              |  |           |   |         |                                      | v  | Amount                                      |              | (A) or<br>(D)                                      | Price                | Trar  | saction(s)<br>r. 3 and 4)   |   | (111501.4)                     |                   |
| Common Stock, \$1.00 par value 01/31/  |  |           |                              |  | 1/2005    | 2005  |         | A <sup>(1)</sup>                     |  | 500   |              | A  | \$                   | 0   | 0   | D   |                                |                   |
| Common Stock, \$1.00 par value 01/3  |  |           | 01/31                        | 1/2005   | /2005     |   |         | P                                    |  | 500   |              | A  | \$85.85              |   | 4,600   | D   |                                |                   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |           |                              |  |           |   |         |                                      |  |   |              |  |                      |   |   |   |                                |                   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | ative Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)  [ Execution Date, if any (Month/Day/Year) 8 |           | 4.<br>Transa<br>Code (<br>8) | action (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |           | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date                      |         |                                      | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares |   | ount<br>nber | 8. Price o<br>Derivative<br>Security<br>(Instr. 5) |                      | Ownershi<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>t (Instr. 4)   |   |                                |                   |

## **Explanation of Responses:**

1. Granted pursuant to Rule 16b-3(d).

George C. Barry for Edith E. **Holiday** 

01/31/2005

\*\* 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.