de Ocejo Luis J

Form 3

FORM 3 UNIT	FED STA		ECURITIES AND EXCHANGE COMMISSION			OMB APPROVAL		
		Washington, D.C. 20549			OMB Number:	3235-0104		
File	d pursuant n 17(a) of	TATEMENT OF BEN SECURI t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment C	TIES Securities E ng Company	exchange Ac y Act of 193	t of 1934,	Expires: Estimated a burden hou response n	•	
(Print or Type Responses)								
1. Name and Address of Repo Person <u>*</u> de Ocejo Luis J	orting	2. Date of Event Requiring Statement (Month/Day/Year)		ne and Ticker of TREET COR	mbol			
(Last) (First)	(Middle)	01/19/2005				If Amendment, Date Original led(Month/Day/Year)		
STATE STREET CORPORATION, 225 FRANKLIN STREET	5			all applicable)				
(Street)			(give title below) (specify below) Executive Vice Precident			lividual or Joint/Group g(Check Applicable Line) Form filed by One Reporting		
BOSTON, MA 0211	0				Perso F	•	1 0	
(City) (State)	(Zip)	Table I - N	Non-Derivat	tive Securiti	urities Beneficially Owned			
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benef	icial	
Common Stock		700		D	Â			
Common Stock		677 <u>(1)</u>		Ι	401(k) Pla	an		
Reminder: Report on a separa owned directly or indirectly.	te line for ea	ich class of securities benefic	^{ially} S	SEC 1473 (7-02	2)			

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	Ownership

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			(Instr. 4)		Price of	Derivative	(Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
EMPLOYEE STOCK OPTION (right to buy)	(2)	09/21/2011	Common Stock	30,000	\$ 39.565	D	Â
EMPLOYEE STOCK OPTION (right to buy)	(<u>3)</u>	12/21/2011	Common Stock	51,500	\$ 51.975	D	Â
EMPLOYEE STOCK OPTION (right to buy)	02/21/2004	02/22/2012	Common Stock	1,800	\$ 49.705	D	Â
EMPLOYEE STOCK OPTION (right to buy)	(4)	12/19/2012	Common Stock	40,000	\$ 40.22	D	Â
EMPLOYEE STOCK OPTION (right to buy)	(5)	12/17/2013	Common Stock	38,600	\$ 49.81	D	Â

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
de Ocejo Luis J STATE STREET CORPORATION 225 FRANKLIN STREET BOSTON, MA 02110		Â	Â	Executive Vice President	Â		
Signatures							
Luis J. de Ocejo (01/26/2005	5					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The reporting person indirectly beneficially owns 677 shares of State Street common stock through State Street Corporation's 401(k)(1) Plan, as of January 19, 2005. The plan accounts for interest in units of shares and a small amount of cash. As a result the number of underlying shares may fluctuate from time to time.
- (2) Options become exercisable in 33 1/3% installments over a three-year period commencing on September 20, 2002.
- (3) Options become exercisable in 33 1/3% installments over a three-year period commencing on December 20, 2002.
- (4) Options become exercisable in 33 1/3% installments over a three-year period commencing on December 19, 2004.
- (5) Options become exercisable in 33 1/3% installments over a three-year period commencing on December 17, 2005.

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.

**Signature of

Reporting Person