FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* WILSON ROBERT N							2. Issuer Name and Ticker or Trading Symbol AMERADA HESS CORP [AHC]									all app	ionship of Reporting F all applicable) Director		Person(s) to Issuer	
(Last) (First) (Middle) JOHNSON & JOHNSON KILMER SQUARE 100 ALBANY STREET,STE.						3. Date of Earliest Transaction (Month/Day/Year) 01/06/2004										Officer (give title below)			Other (spe- below)	
200					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW BRUNSWICK NJ 08903			08903		,	X Form filed by One Reporting F Form filed by More than One R Person														
(City)	(St	ate) (Zip)																	
		Tabl	e I - Nor	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	osed o	f, oı	r Bene	eficia	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Dis		Securities Acquired (A isposed Of (D) (Instr. 3,			4 and Se		ount of ties cially I Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(111511.4)		
Common Stock \$1.00 par value 01/05/)5/2004					500	500 A		\$	4,300		1,300	D		
		Та	ble II - D								sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr.				6. Date Exercisal Expiration Date (Month/Day/Year		•	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	ount nber res							

Explanation of Responses:

 $1.\ Granted\ pursuant\ to\ Rule\ 16b-3(d).\ Other\ holdings\ of\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ Forms\ 4\ and\ 5\ previously\ filed\ by\ the\ reporting\ person\ are\ reported\ on\ filed\ by\ the\ reporting\ person\ are\ reported\ filed\ by\ the\ reporting\ person\ are\ person\ ar$

George C. Barry for Robert N. Wilson

** Signature of Reporting Person

01/06/2004

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.