WASHINGTON MUTUAL INC

Form 4 March 16, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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 OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Last)

(City)

Security

(Instr. 3)

1. Name and Address of Reporting Person *

WILLIS B WOOD JR

2. Issuer Name and Ticker or Trading

Symbol

WASHINGTON MUTUAL INC

["WM"]

(First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 03/15/2005

GT23H4, 555 WEST 5TH STREET

(Street) 4. If Amendment, Date Original

(Zip)

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person

below)

Issuer

X_ Director

Officer (give title

Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

LOS ANGELES, CA 900131011

(State)

(Month/Day/Year)

2. Transaction Date 2A. Deemed 1.Title of

Execution Date, if TransactionAcquired (A) or Code (Instr. 8) (Month/Day/Year)

3.

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

or

4. Securities

Securities Beneficially Owned Following Reported Transaction(s)

5. Amount of

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(Instr. 3 and 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

7. Title and Amount of 1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 8. Pı TransactionDerivative Derivative (Month/Day/Year) Execution Date, if **Expiration Date Underlying Securities** Conversion Deri (Month/Day/Year) (Instr. 3 and 4) Security or Exercise Code Securities Secu any

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(Instr. 3)	Price of Derivative Security	(Month/Day/Yea	ar) (Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Ins
			Code V	(A)	(D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (1)	\$ 0 (2)	03/15/2005	A	318.04	(3)	<u>(3)</u>	Common	318.04	\$

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
WILLIS B WOOD JR GT23H4 555 WEST 5TH STREET LOS ANGELES, CA 900131011	X					

Signatures

By: /s/ Sophie Hager Hume, Attorney-in-Fact

03/16/2005

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- Phantom stock shares acquired under the Washington Mutual, Inc. Deferred Compensation Plan for Directors and Certain Highly Compensated Employees (DCP) through deferral of annual retainer and Board fees.
- (2) Converts to common stock on a one-for-one basis.
- (3) Phantom stock distributed upon payment commencement date selected by reporting person.

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.

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