Edgar Filing: KISSINGER JAMES G - Form 4/A

KISSINGER	R JAMES G										
Form 4/A	0.2004										
November 3	ПЛ	STATES					NGE (COMMISSION	OMB	PROVAL 3235-0287	
Check th if no long subject to Section 1 Form 4 co Form 5 obligatio may com <i>See</i> Instr 1(b).	ger o 16. or Filed pu ^{nns} tinue.	Washington, D.C. 20549 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								Expires: January 31 Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type]	Responses)										
KISSINGER JAMES G SPR (Last) (First) (Middle) 3. Da (Mor P.O. BOX 7997 03/2			2. Issuer Name and Ticker or Trading Symbol SPRINT CORP [PCS]					5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
			3. Date of (Month/D 03/27/20		ransactior	I		Director 10% Owner X Officer (give title Other (specify below) Senior Vice President-Human 6. Individual or Joint/Group Filing(Check			
			4. If Ame	ndment, D	ate Origin	al					
Filed(Mor 03/30/2 SHAWNEE MISSION, KS 66207				onth/Day/Year) 2004				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-J	Derivativo	e Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Executio any	med n Date, if Day/Year)	Code (Instr. 8)	4. Secur ion(A) or I (Instr. 3	Dispose , 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
PCS Common	03/27/2004			F	1,616	D	\$	58,933	D		
Stock	0012112001			-	1,010	2	8.805	00,000	2		

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

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 Acquired, Disposed of, or Beneficially Owned

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise	•	any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
. ,	Derivative			. ,	Securities			(Instr.	3 and 4)	. ,	Owne
	Security				Acquired			,	,		Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration		or		
							Date	Title	Title Number		
									of		
				Code V	(A) (D)				Shares		
_											

Edgar Filing: KISSINGER JAMES G - Form 4/A

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KISSINGER JAMES G							
P.O. BOX 7997			Senior Vice President-Human				
SHAWNEE MISSION, KS 66207							
Signatures							
By: Claudia S. Toussaint For: Jame	es						
Kissinger	11/30/2004						
**Signature of Reporting Person		Ι	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).

Remarks:

This amendment to the original Form 4 reflects a different transaction share amount which results in a revised amount of share

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.