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ALLIANCE CAPITAL MANAGEMENT HOLDING LP

Form 4

ben. own.

October 06, 2005

FORM 4 UNITED STATES SECURITIES AND EVCHANCE COMMISSION							OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box								Expires:	January 31,	
subject t Section	if no longer subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 0.5		
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17	(a) of the Pub		lding Con	npan	y Act of	e Act of 1934, 1935 or Section 10	·		
(Print or Type	Responses)									
1. Name and Address of Reporting Person * MAYER MARC O			2. Issuer Name and Ticker or Trading Symbol ALLIANCE CAPITAL				5. Relationship of Reporting Person(s) to Issuer			
		M	ANAGEMEN .C]		ING	LP	(Check all applicable) Director 10% Owner			
(Last)	, ,	(N	5. Date of Earnest Transaction below)				· · · · · · · · · · · · · · · · · · ·	e titleOther (specify below) of General Partner		
MANAGE	ANCE CAPITAL MENT CORP., 1 OF THE AMERI	345	/05/2005							
			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
							Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
units rep. assign. of ben. own. of lp interests							79,420 (2) (3)	I	by rabbi trust	
units rep.	10/05/2005		F	11,968	D	\$ 47.85	67,807 (2)	D		

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of lp interests

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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	.	ate	Securi	unt of erlying	Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting of the state of the state of	Director	10% Owner	Officer	Other		
MAYER MARC O C/O ALLIANCE CAPITAL MANAGEMENT CORP. 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105			EVP of General Partner			

Signatures

/s/ Adam Spilka, by 10/06/2005 pwr. att'y **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).
- Units representing assignments of beneficial ownership of limited partnership interests in Alliance Capital Management Holding L.P. **(1)** ("Holding Units")
- On October 5, 2005, 70,510 Holding Units previously held indirectly through a rabbi trust under the SCB Deferred Compensation Award Plan were distributed to Reporting Person. Reporting Person now owns directly the Holding Units that were not withheld to pay taxes

Reporting Owners 2

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(3) Total includes 386 Holding Units acquired through distribution reinvestment under an employee deferred compensation plan. 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.