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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* WILKINS RAYFORD JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol H&R BLOCK INC [HRB] | | | | | | | | | elationship eck all appl COIrect | icable) | | erson(s) to Issuer 10% Owner | | | |
|---|---|--|---|-------------|---|--|---|-----|------------------------|--|------------------|---|------------------|--------------|---|--|---|---------------------------------|--|--|--|
| (Last) (First) (Middle) 4400 MAIN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2005 | | | | | | | | | | Officer (give title Other (specify below) below) | | | | | | |
| (Street) KANSAS CITY MO 64111 (City) (State) (Zip) | | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Trans | 3. 4. Transaction Di Code (Instr. 5) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amou Securiti Benefic Owned | unt of ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | ./2.00 | _ | | | Code | V | Amount | (1 | " | Price | Reported Transaction(s) (Instr. 3 and 4) | | | <u> </u> | | | |
| Common Stock, without par value 01/03/2005 J ⁽¹⁾ 14 A \$49.01 3,124 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 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 | ed Date, | 4. Transaction Code (Instr. B) | | 5. Number 6 | | 6. Date E Expiratio | Date Exercisable Expiration Date Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | or Nu of | mber ares | | | | | | | |
| Call Option to Purchase | \$32.275 | | | | | | | | 06/30/20 | 02 0 | 6/30/2011 | Comm Stock withou | c, 6, | .000 | | 6,000 | |) | | | |
| Call Option to Purchase | \$46.15 | | | | | | | | 06/30/20 | 03 0 | 6/30/2012 | Comm Stock withou | ^{c,} 4, | .000 | | 4,000 | |) | | | |
| Call Option to Purchase | \$43.25 | | | | | | | | 06/30/20 | 04 0 | 6/30/2013 | Comm Stock withou | ^{c,} 4, | .000 | | 4,000 | |) | | | |
| Call Option to Purchase | \$47.68 | | | | | | | | 06/30/20 | 04 0 | 6/30/2014 | Comm Stock witho | s, 1 | .000 | | 4,000 | |) | | | |

Explanation of Responses:

1. Units for dividends paid under the H&R Block Stock Plan for Non-Employee Directors. Each unit has the value of one share of Common Stock.

Remarks:

By: Michael K. Post per Power of Attorney

** Signature of Reporting Person

01/04/2005

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.