## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	JVAL				
OMB Number:	3235-0287				
Estimated average burd	en				
hours per response:	0.5				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*  WILSON BRET G						2. Issuer Name and Ticker or Trading Symbol H&R BLOCK INC [ HRB ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) 4400 MA			3. Date of Earliest Transaction (Month/Day/Year) 12/10/2004										(give title Other (specify below)  President and Secretary							
(Street) KANSA		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person								
(City) (State) (Zip)															Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	/ative	Se	curit	ies A	cquired,	Dis	posed o	of, o	r Ben	eficial	ly Owned	t				
				2. Transaction Date (Month/Day/Year)		ır) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5) Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		m: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(111501. 4)	
Common	Stock, witl	hout par value		12/10/2004					М		2,000		A	\$16.1	25 5,14	2.5964	D			
Common	Stock, with	hout par value		12/10/2004					M		4,000 A		A	\$21.0	53 9,14	9,142.5964		D		
Common	Stock, with	12/10/2004					S		5,900 D		D	\$48.0	4 3,24	2.5964		D				
Common	Stock, with	<u> </u>	)/2004				S		100	100 D		\$48.0		2.5964	D					
		7	Table II -								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	4. Transactior Code (Instr 8)		n of E		Expiration	6. Date Exercisa Expiration Date (Month/Day/Year		of Securitie		s security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares						
Call Option to Purchase	\$16.125	12/10/2004			М			2,000	06/30/199	98 (	06/30/2007	Common Stock, without par value		2,000	\$0	0.00		D		
Call Option to Purchase	\$21.0625	12/10/2004			М			4,000	06/30/199	99 (	06/30/2008	Com Sto with par v	ck, nout	4,000	\$0	8,000	)	D		
Call Option to Purchase	\$25								06/30/200	)2	06/30/2009	Com Sto with par v	ock, nout	12,000		12,000	0	D		
Call Option to Purchase	\$16.1875								06/30/200	03 (	06/30/2010	Com Sto with par v	ck,	8,600		8,600	)	D		
Call Option to Purchase	\$32.275								06/30/200	04 (	06/30/2011	Com Sto with par v	ck,	8,000		8,000	)	D		
Call Option to Purchase	\$46.15								06/30/200	04 (	06/30/2012	Sto with		4,000		4,000	)	D		
Call Option to Purchase	\$43.25								06/30/200	04 (	06/30/2013	Common Stock, without par value		2,800		2,800	)	D		
Call Option to Purchase	\$47.68								06/30/200	05	06/30/2014	Com Sto with	nout	2,500		2,500	)	D		

**Explanation of Responses:** 

Remarks:

/s/ Wilson, Bret G.

12/10/2004

\*\* Signature of Reporting Person

Data

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

- $^{\star}$  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.