#### 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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*						2. Issuer Name <b>and</b> Ticker or Trading Symbol  H&R BLOCK INC [ HRB ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>WILKINS RAYFORD JR</u>						HOR DECORATION											X Director			10% Owner				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2004											Officer below)	(give title		Other ( below)	specify			
4400 MAIN STREET																								
							ndmen	t, Date	of Origin	nal Fil	led (	(Month/D	6.	6. Individual or Joint/Group Filing (Check Applicable										
(Street)						- , , , ,											Line)							
KANSAS CITY MO 64111														X Form filed by One Reporting Person										
					.												Form filed by More than One Reporting							
(City) (State) (Zip)						Person																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year		Cod	Transaction Code (Instr.		4. Securities Acquired (Disposed Of (D) (Instr. 5)			d	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
						`			Cod	e v		Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
									Ţ(1)	╁	-		_			<u> </u>		-		_				
Common Stock, without par value 07/01/2							2004					12		A	\$47.	\$47.68 2		,680		D				
	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)	erivative Conversion Date Execution ecurity or Exercise (Month/Day/Year) if any				4. Transa Code ( 8)		of E		Expirati	6. Date Exercisable Expiration Date (Month/Day/Year)			and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity 4)	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Ex Da	piration te	Title		Amount or Number of Shares									
Call Option to Purchase	\$32.275								06/30/2	002	06/	/30/2011	Com Sto with par v	ck, out	6,000			6,000		D				
Call Option to Purchase	\$46.15								06/30/2	003	06/	/30/2012	Com Sto with par v	ck, out	4,000			4,000		D				
Call Option to Purchase	\$43.25								06/30/2	004	06/	/30/2013	Com Sto with par v	ck, out	4,000			4,000		D				
Call Option to Purchase	\$47.68								06/30/2	004	06/	/30/2014	Com Sto with	ck,	4,000			4,000		D				

## **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

07/06/2004

Date

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.