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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Che | eck this box if no longer subject to |
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| | tion 16. Form 4 or Form 5 |
| | |
| | gations may continue. See |
| Inst | ruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | |
|---------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
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| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] SERATI TAMMY S | | | 2. Issuer Name and Ticker or Trading Symbol <u>H&R BLOCK INC</u> [HRB] | | ionship of Reporting Persor all applicable) Director Officer (size title | 10% Owner | | |
|--|----------------|----------|--|--------------------|---|---------------------------------------|--|--|
| (Last) 4400 MAIN STR | (First) EET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2004 | X | Officer (give title below) Senior VP, Human Re | Other (specify below) Resources | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi Line) | dual or Joint/Group Filing (0 | Check Applicable | | |
| KANSAS CITY | MO | 64111 | | X | Form filed by One Reporti | ing Person | | |
| (City) | (State) | (Zip) | | | Form filed by More than C Person | One Reporting | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-----------------------------|---|---|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock, without par value | 10/15/2004 | | J ⁽¹⁾ | | 2.424 | Α | \$50.49 | 5,364.37 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 10. 11. Nature Expiration Date (Month/Day/Year) Derivative Security Conversion Execution Date, Transaction of Securities Derivative Ownership of Indirect derivative Date (Month/Day/Year) Derivative Underlying Derivative Security or Exercise if anv Code (Instr. Security Securities Form: Beneficial Direct (D) or Indirect (I) (Instr. 4) (Instr. 3) Price of Derivative (Month/Day/Year) 8) Securities (Instr. 5) Beneficially Ownership Acquired (Instr. 3 and 4) Owned (Instr. 4) (A) or Disposed Security Following Reported of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount Number Expiration Date of Code v (A) (D) Exercisable Date Title Shares Common Call Stock. Option to \$39.03 12/02/2004 12/02/2012 20,000 20,000 D without Purchase par value Commo Call Stock. \$43.25 06/30/2004 06/30/2013 14,000 14,000 D Option to without Purchase oar value Common Call Stock, 06/30/2005 14 000 Option to \$47 68 06/30/2014 14,000 D without Purchase

Explanation of Responses:

1. Units acquired under the H&R Block Deferred Compensation Plan for Executives, as Amended and Restated. Each unit has the value of one share of Common Stock.

Remarks:

By: Michael K. Post per Power 10/19/2004

of Attorney

par value

** Signature of Reporting Person 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.