FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:								
Estimated average burden								
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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 SHAW L EDWARD JR	2. Date of Event Requiring Statement (Month/Day/Year) 09/24/2007  3. Issuer Name and Ticker or Trading Symbol H&R BLOCK INC [ HRB ]									
(Last) (First) C/O BREEDEN CAPITAL MANAGEMENT LLC	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
100 NORTHFIELD STREET	г				Officer (give title below)	Other (spe below)	cify	Applic	cable Line)	/Group Filing (Check
(Street) GREENWICH CT	06830							X	•	y One Reporting Person y More than One erson
(City) (State)	(Zip)									
	T	able I - Non	-Derivati	ive Se	curities Beneficiall	y Owned				
1. Title of Security (Instr. 4)	Т	able I - Non	2.	. Amou	curities Beneficiall nt of Securities ally Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D)   (	4. Natu (Instr. !		Beneficial Ownership
1. Title of Security (Instr. 4)		Table II - D	2. Berivative	. Amoui	nt of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) ( (I)			Beneficial Ownership
Title of Security (Instr. 4)      Title of Derivative Security (Instr. 4)	(e.g	Table II - D	erivative S, warrai	Secunts, o	nt of Securities ally Owned (Instr. 4) urities Beneficially (	3. Ownersh Form: Direct or Indirect (Instr. 5) Owned securitie	ct (D) ( (I)	sion cise		Beneficial Ownership  6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

No securities are beneficially owned.

/s/ L. Edward Shaw, Jr. 09/25/2007

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).