## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 

hours per response:

OMB Number: Estimated average burden

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

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Name and Address of Reporting Person*     ECTON DONNA R						2. Issuer Name <b>and</b> Ticker or Trading Symbol H&R BLOCK INC [ HRB ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) ONE H&R BLOCK WAY						3. Date of Earliest Transaction (Month/Day/Year) 04/02/2007									Officer (give title Other (specify below) below)					
(Street) KANSAS CITY MO 64105					_ 4. If	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					
(City)	(Si	ate)	(Zip)																	
1 Title of	Security (Incl		le I - No	n-Deriv		_	2A. Deer		cquired,	Dis	4. Securi				y Owned		6.0	wnership	7. Nature	
Date (Month/Day						ar)	Execution Date, if any (Month/Day/Year		, Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4			Securition Beneficit Owned I Reporte	urities eficially ned Following orted		m: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
									Code	V	Amount	(A (D	) or	Price	(Instr. 3	Transaction(s) (Instr. 3 and 4)				
Common Stock, without par value 04/02/2 Common Stock, without par value 04/02/2									J <sup>(1)</sup>		32		A \$21.18					D		
Common	Stock, with		abla II		2/2007				J <sup>(2)</sup>	ion	3.481			\$21.20		5.7939		D		
			able II -						quired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	Date, Transaci Code (In				6. Date Exercisa Expiration Date (Month/Day/Year			of Securit		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	nount mber ares						
Call Option to Purchase	\$10.5313								06/30/1999	0	6/30/2008	Comm Stock without par val	8,	000		8,000		D		
Call Option to Purchase	\$12.5								06/30/2000	0	6/30/2009	Comm Stock without par val	12	,000		12,000	)	D		
Call Option to Purchase	\$8.0938								06/30/2001	. 0	6/30/2010	Comm Stock withou par val	12	,000,		12,000	)	D		
Call Option to Purchase	\$16.1375								06/30/2002	0	6/30/2011	Comm Stock withou par val	12	,000		12,000	)	D		
Call Option to Purchase	\$23.075								06/30/2003	0	6/30/2012	Comm Stock withou par val	8,	000		8,000		D		
Call Option to Purchase	\$21.625								06/30/2004	. 0	6/30/2013	Comm Stock withou par val	8,	000		8,000		D		
Call Option to Purchase	\$23.84								06/30/2004	0	6/30/2014	Comm Stock withou par val	8,	000		8,000		D		
Call Option to Purchase	\$29.175								06/30/2005	0	6/30/2015	Comm Stock withou par val	8,	000		8,000		D		
Call Option to Purchase	\$23.86								06/30/2006	0	6/30/2016	Comm Stock withou	8,	000		8,000		D		

## **Explanation of Responses:**

2. Units acquired through dividend reinvestment under the H&R Block Deferred Compensation Plan for Directors. Each unit has the value of one share of Common Stock.

Remarks:

By: Andrew J. Somora per Power of Attorney 04/04/2007

\*\* Signature of Reporting Person 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.