Edgar Filing: VOLANAKIS PETER F - Form 4

VOLANAK	IS PETER F										
Form 4											
November 2											
FORM	14_{INITED}	STATES	SECII	DITIES /	ND FY	CHANCE	COMMISSIO	NT	OMB APPROVAL		
	STATES		shington	N OMB Number:	3235-0287						
Check th if no lon subject t Section Form 4 c	ger STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31 2005 average urs per . 0.5		
Form 5 obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> VOLANAKIS PETER F			2. Issuer Name and Ticker or Trading Symbol CORNING INC /NY [GLW]			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (-	1	(Check all applicable)				
ONE RIVERFRONT PLAZA			3. Date of Earliest Transaction (Month/Day/Year) 11/23/2004			X Director 10% Owner X Officer (give title Other (specify below) PRESIDENT					
			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting 					
CORNING	, NY 14831						Person	More than One R	eporung		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8)	4. Securiti onAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(instr. 5 and 4)				
Reminder: Rep	port on a separate line	e for each cla	ss of secu	urities bene	-		-	otion of	NEC 1474		
					inform requir	nation cont ed to resp	spond to the colle ained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

number.

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 				(Inst		
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0 <u>(1)</u>	11/23/2004	J <u>(1)</u>	204.55		<u>(1)</u>	(1)	Common Stock	204.55	\$ 1

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
VOLANAKIS PETER F ONE RIVERFRONT PLAZA CORNING, NY 14831	Х		PRESIDENT					
Signatures								
Denise A. Hauselt, Power of Attorney		11/24/20	04					
**Signature of Reporting Person		Date						

Explanation of Responses:

* 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).

(1) The reported Phantom Stock Units are acquired on a monthly basis pursuant to the terms of Corning's Supplemental Investment Plan and will be settled for cash at fair market value on or after the reporting person's retirement or other termination of service.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.