## Edgar Filing: HEWLETT PACKARD CO - Form 4

HEWLETT PAC	CKARD CO												
Form 4													
December 05, 20	007												
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	PPROVAL				
Washington, D.C. 20549							OMB Number:	3235-0287					
	Check this box							Expires:	January 31,				
if no longer subject to STATEMENT OF CHANGES IN B								Estimated average					
Section 16. Form 4 or		SECURITIES								burden hours per response 0.5			
Form 5	Filed pu	irsuant to S	Section 16	6(a) of	the	Securiti	es Ex	chang	ge Act of 1934,	100001100	0.0		
obligations may continue	Section 17	(a) of the	Public Ut	ility H	oldi	ng Com	pany	Act of	f 1935 or Sectio	n			
See Instructio		30(h)	of the Inv	vestme	nt C	Company	Act	of 194	40				
1(b).													
(Print or Type Resp	onses)												
1. Name and Address of Reporting Person * RYAN ROBERT L2. Issue Symbol				ssuer Name <b>and</b> Ticker or Trading pol					5. Relationship of Reporting Person(s) to				
									Issuer				
HEWLE					ACK	CARD C	0 [H	PQ]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	nsaction				11	,		
			/Day/Year)					X_ Director 10% Owner Officer (give title Other (specify					
C/O HEWLETT-PACKARD 11/29 COMPANY, 3000 HANOVER			11/29/20	/29/2007					below) below)				
STREET													
	(Street)		4 If Amor	dmont	Date	Original			6 Individual or L	oint/Group Fili	c Chaola		
· · · · · · · · · · · · · · · · · · ·				Amendment, Date Original Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
_X_ Form filed b						_X_ Form filed by (	One Reporting Person						
PALO ALTO, O	CA 94304								Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Nor	1-De	rivative S	ecurit	ties Acc	quired, Disposed o	f, or Beneficial	ly Owned		
	Transaction Da		3.		4. Securi			5. Amount of	6. Ownership				
Security (N (Instr. 3)	Ionth/Day/Yea		on Date, if TransactionAcquired (A) or Code Disposed of (D)						Securities Beneficially	Form: Direct Indirect (D) or Beneficia	Indirect Beneficial		
(Instr. 3) any (Month/Day			Day/Year)						Owned	· /	Ownership		
									Following	(Instr. 4)			
							(A)		Reported Transaction(s)				
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common 11 Stock 11	1/29/2007			G		8,000	D	\$ 0	4,974	D			

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

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. tionNumber of ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
RYAN ROBERT L C/O HEWLETT-PACKARD COMPANY 3000 HANOVER STREET PALO ALTO, CA 94304	Х						
Signatures							
/s/Charles N. Charnas, Attorney-in-fact	12/05/20	007					
**Signature of Reporting Person	Date						
Evaluation of Decause							

## **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).

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.