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NEWLAND	A LESKO											
Form 4												
January 18, 2	2005											
FORM	4									PPROVAL		
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check thi if no long	or				Expires:	January 31, 2005						
subject to Section 10 Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES								Estimated average burden hours per response			
obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(a) of the	Public Ut		ing Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40	n			
(Print or Type R	Responses)											
NEWLAND A LESKO S				2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			INTERNATIONAL PAPER CO /NEW/ [IP]					(Check all applicable)				
(Last)	(First) (M	(First) (Middle) 3. Date of E (Month/Day			Earliest Transaction 19/Year)			Director 10% Owner Officer (give title Other (specify below) below)				
	NATIONAL) ATLANTIC ST	REET	01/17/20	005				· · · · · · · · · · · · · · · · · · ·	ive Vice Presid	ent		
	(Street)		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 					
STAMFORI	D, CT 06921							Form filed by M Person				
(City)	(State) (Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed o	f, or Beneficial	lly Owned		
(Instr. 3) any		med on Date, if Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	01/17/2005			А	46,600	А	\$0	166,706 <u>(1)</u>	D			
Common Stock								5,315 <u>(1)</u> <u>(2)</u>	I	By SSP		
Common Stock								1	Ι	By Spouse		

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 formSEC 1474
(9-02)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Title at Amount of Underlyin Securities (Instr. 3 a	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
NEWLAND A LESKO C/O INTERNATIONAL PAPER 400 ATLANTIC STREET STAMFORD, CT 06921			Executive Vice President					
Signatures								
Beth Murphree, Attorney-in-Fact	for Newla	nd A.						
Lesko			01/18/2005					
<u>**</u> Signature of Reporting Per	son		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) Share numbers are rounded.

Investments in the SSP (International Paper Salaried Savings Plan) and DCSP (International Paper Deferred Compensation Savings Plan) are in a unitized fund of shares and cash. The investment in the DCSP operates similar to the SSP company stock fund, and the number of

(2) are in a difficult of shares and easily the investment in the Deep operates similar to the SSP company stock rand, and the infinite of units will vary as the price of the Issuer's common stock varies. The information on the SSP is based on a plan statement as of December 31, 2004.

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.