Edgar Filing: GOLDMAN SACHS GROUP INC/ - Form 4

Form 4	SACHS GROU	JP INC/										
July 19, 2005 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Junited States Secura STATEMENT OF CHANG Filed pursuant to Section 16 Section 17(a) of the Public Ution 30(h) of the Investor					n, l N B JRI the oldi	D.C. 205 EENEFI TIES Securiti ing Com	5 49 CIAI es Ex pany	NERSHIP OF ge Act of 1934, f 1935 or Sectio	Number: 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5			
(Print or Type R	•	D *										
KENNEDY KEVIN W Sym				uer Name and Ticker or Trading ol DMAN SACHS GROUP INC/					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/E C/O GOLDMAN, SACHS & 07/15/2 CO., 85 BROAD STREET				-					Director 10% Owner Officer (give title Other (specify below) below) below) Exec. VP - Human Capital Mgmt.			
					ndment, Date Original th/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 			
NEW YORK	K,, NY 10004								Person		epotting	
(City)	(State)	(Zip)	Table	e I - Nor	1-De	rivative S	ecuri	ties Ace	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, par value \$0.01 per share	07/15/2005			G		5,000	D	\$ 0	803,551	D		
Common Stock, par value \$0.01 per share									14,000	I	See footnote (1)	
Common Stock, par value \$0.01									6,000	Ι	See footnote (2)	

Reporting Owners

Edgar Filing: GOLDMAN SACHS GROUP INC/ - Form 4

per share

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KENNEDY KEVIN W C/O GOLDMAN, SACHS & CO. 85 BROAD STREET NEW YORK,, NY 10004			Exec. VP - Human Capital Mgmt.					
Signatures								
/s/ Roger S. Begelman, Attorney-in-fact		07/19/2005						

**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) Held by spouse.
- (2) Through a trust, the sole trustee of which is the Reporting Person's spouse and the sole beneficiaries of which are immediate family members of the Reporting Person. The Reporting Person disclaims beneficial ownership of these shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Edgar Filing: GOLDMAN SACHS GROUP INC/ - Form 4

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.