FAY SHARON E

Form 4

February 02, 2005

subject to

Section 16.

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * **FAY SHARON E**

2. Issuer Name and Ticker or Trading Symbol

ALLIANCE CAPITAL

[AC]

(Last) (First) (Middle) 3. Date of Earliest Transaction

> (Month/Day/Year) 01/31/2005

MANAGEMENT HOLDING LP

Director _X__ Officer (give title below)

Other (specify **EVP** of General Partner

(Check all applicable)

10% Owner

5. Relationship of Reporting Person(s) to

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

C/O ADAM R. SPILKAC/O ADAM R. SPILKA, ALLIANCE CAPITAL

MANAGEMENT CORPORATIONA

> (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 Form filed by More than One Reporting

Issuer

NEW YORK, NY 10105

(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative :	Securi	ities Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Secur or(A) or D (Instr. 3,	(A)	ed 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)
Units rep. assign. of beneficial ownership of l.p. interests (1)					(-)		8,749 <u>(2)</u>	D	
Units rep. assign. of	01/31/2005		F	6,080	D	\$ 44.99	13,097 (2)	I	by rabbi trust

beneficial ownership of l.p. interests

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title ar Amount of		8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyin	ng	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	3	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr. 3 a	nd 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Δn	nount		
								or	iiouiit		
						Date	Expiration		ımber		
						Exercisable	Date	of			
				Code V	(A) (D)				ares		

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

FAY SHARON E C/O ADAM R. SPILKAC/O ADAM R. SPILKA ALLIANCE CAPITAL MANAGEMENT **CORPORATIONA** NEW YORK, NY 10105

EVP of General Partner

Signatures

/s/ Adam Spilka, by 02/02/2005 pwr. att'y

**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)

Reporting Owners 2

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Units representing assignments of beneficial ownership of limited partnership interests in Alliance Capital Management Holding L. P. ("Holding Units").

(2) On January 31, 2005, the 8,749 Holding Units Reporting Person now owns directly were distributed to her under a deferred compensa tion award plan .

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.