

HELMERICH & PAYNE, INC.

Reported by **DOTSON GEORGE S**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/03/05 for the Period Ending 12/21/04

Address 1437 S. BOULDER AVE. SUITE 1400

TULSA, OK, 74119

Telephone 918-742-5531

CIK 0000046765

Symbol HP

SIC Code 1381 - Drilling Oil and Gas Wells

Industry Oil & Gas Drilling

Sector Energy

Fiscal Year 09/30



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
DOTSON G	EORGE	S			HI	ELN	MERI	CH & 1	PAY	NE I	NC [I	HP]		(
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								X_Director					
1437 SOUTH BOULDER AVE.						12/21/2004								X Officer (give title below) Other (specify below) Vice President				
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							D/YY	6. Individual o	6. Individual or Joint/Group Filing (Check Applicable Line)				
TULSA, OK 74119 (City) (State) (Zip)														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		, (=		I - Non-	Der	ivati	ive Seci	ırities A	quir	ed, Di	sposed o	of, or	Be	eneficially Owne	ed			
1. Title of Security (Instr. 3)			2. Trans. D		e 2A. Deemed Execution Date, if any		3. Trans. C (Instr. 8)	ode	de 4. Securities Acquor Disposed of (D (Instr. 3, 4 and 5)) `	5. Amount of Secur Following Reported (Instr. 3 and 4)				Ownership Form: of Ir Ben	Beneficial	
								Code	V	Amou	(A) or	Pric	ce				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 12/21/200)4			G	V	1300	D	\$0.0	0	72732		D (1)			
Common Stock 12/30/200)4			G	V	3500	D	\$0.0	0	69232			D (1)		
	Tab	le II - Der	rivative	Securit	ies I	Bene	ficially	Owned (, options, conve	rtible sec	urities)	1	
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	Date E	3A. Deer Execution Date, if a	cution (Ins		Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	ode	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title		mount or Number of ares		Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) Includes the following shares held indirectly: 4,969 shares in the reporting person's 401(k) account; and 35,554 shares with respect to which beneficial ownership is disclaimed as such shares are owned by the reporting person's spouse.

Reporting Owners

Reporting Owners									
Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
DOTSON GEORGE S									
1437 SOUTH BOULDER AVE.	X		Vice President						
TULSA, OK 74119									

Signatures

Jonathan M. Cinocca, by Power of Attorney for George S. Dotson

1/3/2005

** Signature of Reporting Person

Date

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

- * 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.

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.