

# **HELMERICH & PAYNE, INC.**

# Reported by **FEARS DOUGLAS E**

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 02/14/05 for the Period Ending 02/02/05

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

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#### 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 <b>and</b> Ticker or Trading Symbol |   |        |  |   |           |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)           |                                     |   |  |
|--|----------------------|--|--|---|--------|--|---|-----------|---|---|-------------------------------------|---|--|
| FEARS DOUGLAS E  | )                    | HELN   | 1ERI   | CH & F  | PAY    | NE I   | NC [ F  | IP]       |   |   |                                     |   |  |
| (Last) (First) (Middle)  | 3                    | 3. Date of Earliest Transaction (MM/DD/YYYY) |  |   |        | Director  X Officer (g   | Director 10% Owner X Officer (give title below) Other (specify below) |           |   |   |                                     |   |  |
| 1437 SOUTH BOULDER AVE.  |                      | 2/2/2005                                     |  |   |        |  |   |           |   | Vice President & CFO  |                                     |   |  |
| (Street)   | 4                    | I. If An                                     | nendme   | ent, Date C   | )rigir | nal File   | ed (MM/D  | D/YYY     | Y) 6. Individual of   | or Joint/G  | roup Filing                         | Check Appl                                      | icable Line)   |
| TULSA, OK 74119 (City) (State) (Zip)                               |                      |  |  |   |        |  |   |           | X Form filed b  | X Form filed by One Reporting Person Form filed by More than One Reporting Person |                                     |   |  |
|  | le I - Non-D         | erivati                                      | ve Sec   | urities Ac  | quir   | ed, Di   | sposed o  | f, or l   | Beneficially Own  | ed  |                                     |   |  |
| 1.Title of Security<br>(Instr. 3)                                  | 2. Trans. Date       | Executi<br>Date, if                          | ion  | 3. Trans. Coc<br>(Instr. 8)                         | I      | 4. Securities Acquir<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |   | red (A) o | 5. Amount of Securi<br>Following Reported<br>(Instr. 3 and 4) | ities Beneficially Owned<br>I Transaction(s)                                      |                                     | Ownership or Form:                              | Beneficial   |
|  |                      |  |  | Code  | V      | Amount   | (A) or<br>(D)   | Price     |   |   |                                     |   | Ownership<br>(Instr. 4)  |
| Common Stock   | 2/2/2005             |  |  | I   |        | 1319   | D §   | 38.3042   | 2   | 0197 (1)  |                                     | D   |  |
| Table II - Derivati  | ve Securitie         | s Benef                                      | ficially   | Owned (   | e.g.   | , puts,  | calls, w  | arran     | ts, options, conve  | rtible sec  | eurities)                           |   |  |
|  | Samuel 4 Tree        | Acquire<br>Dispose                           |  |   |        | Date Exercisable and<br>Expiration Date                        |   |           |   | Derivative<br>Security  | Securities<br>Beneficially<br>Owned | Ownership<br>Form of<br>Derivative<br>Security: | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| 1. Title of Derivate Security 2. 3. Trans. Date Executive Security | ution if any (Instr. |  | Acquire<br>Dispose                                 | ve Securities<br>d (A) or<br>d of (D)<br>, 4 and 5) | Expi   | iration D  | ate   | Deriva    | ties Underlying<br>tive Security<br>3 and 4)                  | Security  | Securities<br>Beneficially          | Form of Derivative                              | Beneficial<br>Ownership  |

transfer of all of the reporting person's shares held in his 401(k) account on the date indicated.

#### **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |                      |       |  |  |  |
|--------------------------------|---------------|-----------|----------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director      | 10% Owner | Officer              | Other |  |  |  |
| FEARS DOUGLAS E                |               |           |                      |       |  |  |  |
| 1437 SOUTH BOULDER AVE.        |               |           | Vice President & CFO |       |  |  |  |
| TULSA, OK 74119                |               |           |                      |       |  |  |  |

#### **Signatures**

| /s/ Jonathan M. Cinocca, by Power of Attorney for Douglas E. Fears | 2/14/200 |
|--|----------|
| ** 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).

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.