

## **HELMERICH & PAYNE, INC.**

# Reported by **HELMERICH HANS**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 12/04/03 for the Period Ending 12/03/03

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

Common Stock	\$24.1600	12/3/2003		A		90000.000	10	12	2/4/2003 (1)	12/3/2013	Commo Stock	90000.0000	\$0	90000.0000	D	
	Security			Code	v	(A)	(D)	Ex	ate xercisable		Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	Date I	3A. Deeme Execution Date, if an	Code		5. Number of Derivative Securit Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		curities Expiration (C)						9. Number of derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Tal	ble II - De	rivative S	Securitie	es Bei	neficially	Owned	l ( e.	<i>.g.</i> , pu	ts, calls,	warrants	s, options, conve	rtible sec	urities)		
					Da	ite, ir any	Code			(A) ount (D	or	(Instr. 3 and 4)			Direct (D)	Ownership (Instr. 4)
1. Title of Security (Instr. 3) 2. Trans.			2. Trans. Da	Date 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		or D	or Disposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	7. Nature of Indirect Beneficial	
			Table I	- Non-Γ	)eriv:	ative Secu	ırities A	Acqı	uired, l	Disposed	of, or B	eneficially Own	ed			
TULSA, OK 74114 (City) (State) (Zip)											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Street)				4	4. If Amendment, Date Original Filed (MM/DD/YYYY)						DD/YYYY	6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)			
1579 E. 21ST ST.					12/3/2003							President &				
(Last) (First) (Middle)				Ĺ	3. Date of Earliest Transaction (MM/DD/YYYY)						YY)	X_Officer (g	give title belo		Other (speci	fy below)
HELMERI	CH HAN	IS				LMERI						X Director		1	0% Owner	
1. Name and Address of Reporting Person *				,	Issuer Name and Ticker or Trading Symbol						1001		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
						mar Nama	and Ti	alzar	r or Tro	dina Crim	hal	5 Dolotionchi	n of Dono	rting Dorgon	(a) to Iggs	100

#### **Explanation of Responses:**

(1) These options were granted under the Helmerich & Payne, Inc. 2000 Stock Incentive Plan on 12/03/03. These options vest over 4 years in 25% increments. The noted date represents the first date options vest and become exercisable.

#### **Reporting Owners**

Forting o								
Paparting Owner Name / Address	10	Relationships						
Reporting Owner Name / Address	nme / Address Director 10% Owner Offi		Officer	Other				
HELMERICH HANS								
1579 E. 21ST ST.	X		President & CEO					
TULSA, OK 74114								

#### **Signatures**

Jonathan M. Cinocca, by Power of Attorney	12/4/2003		
**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.