Edgar Filing: GENUINE PARTS CO - Form 4

GENUINE I	PARTS CO										
Form 4											
June 13, 200											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL	
	UNITED	JIMIL J		shington					OMB Number:	3235-0287	
Check th										January 31,	
if no longer subject to Section 16. Statement of CHAN				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: Estimated a	2005	
									burden hours per		
Form 4 c Form 5	Form 4 or				C. C. a serveri	tina T		A at af 1024	response	0.5	
obligatio	ns Section 17						•	Act of 1934, 1935 or Section			
may con See Instr	unue.			nvestment	•	-	•		L		
1(b).	uction				1	5					
(Print or Type]	Responses)										
1. Name and A	Address of Reporting	Person *	2 Issue	er Name an	l Ticker o	. Trad	ing	5. Relationship of I	Reporting Pers	on(s) to	
	IER THOMAS	_	Symbol	er Name and Ticker or Trading				Issuer	1 0 ()		
			GENU	INE PARTS CO [GPC]				(Check all applicable)			
(Last)	(First) ((Middle)	3. Date o	of Earliest T	ransaction			(Check	an applicable)	
				Day/Year)				_X_ Director 10% Owner			
GENUINE PARTS 06/09/2			2005				XOfficer (give title Other (specify below) below)				
COMPANY PKWY	7, 2999 CIRCLE	/5						Chief E	xecutive Offic	er	
	(Streat)		4 10 4			1		(T 1 ² · 1 1 T ·	4/C E'l'	(0) 1	
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
T Hea(140				hill Day Tear)				_X_ Form filed by One Reporting Person			
ATLANTA	, GA 30339							Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	la I Non I	Dorivotivo	Soon	ritios A cau	uired, Disposed of,	or Bonoficial	v Ownod	
1.Title of	2. Transaction Date	- 24 Deem		3.			_		6.	7. Nature of	
Security	(Month/Day/Year)		J. Transactio			cquired (A) (D)	Securities	0. Ownership	Indirect		
(Instr. 3)		any		Code (Instr. 3, 4 and 5)				Beneficially		Beneficial	
		(Month/Da	ay/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common				Code V	Amount	(D)	Price	(instr. 5 and 1)			
Common Stock	06/09/2005			Μ	6,197	А	\$ 32.4375	204,897 <u>(1)</u>	D		
Stook							22.1373				

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 32.4375	06/09/2005		М	6,	,197	04/19/2000	04/19/2009	Common Stock	6,197	(1)

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GALLAGHER THOMAS GENUINE PARTS COMPANY 2999 CIRCLE 75 PKWY ATLANTA, GA 30339	Х		Chief Executive Officer					
Signatures								
Tom Gallagher 06/13	3/2005							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Includes 1,852 shares acquired through Genuine Partnership Plan (401-K)

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.

**Signature of

Reporting Person