#### LOWES COMPANIES INC

Form 4

September 01, 2005

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

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Expires: January 31, 2005

**OMB APPROVAL** 

Estimated average burden hours per

burden hours per response...

Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

subject to

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading STONE STEVEN M Issuer Symbol LOWES COMPANIES INC [LOW] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Other (specify X\_ Officer (give title 1000 LOWE'S BOULEVARD 09/01/2005 below) **Chief Information Officer** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting MOORESVILLE, NC 28117 Person (City) (State) (7:m)

(City)	(State) (Zij	Table I	- Non-Der	ivative Securiti	ies Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities A	cquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dispose	ed of	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(D)		Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned	(D) or	Ownership
						Following	Indirect (I)	(Instr. 4)
				(A)	)	Reported	(Instr. 4)	
				or	,	Transaction(s)		
			Code V	Amount (D)	) Price	(Instr. 3 and 4)		
Common								
Stock	09/01/2005		A	10,000 A	\$0	20,361	D	
(Restricted)								

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.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: LOWES COMPANIES INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction any Code of (Month/Day/Year) (Instr. 8) Execution Date, if Transaction Date, i	Execution Date, if any	Transaction Code (Instr. 8)	of Derivative	nNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr	
					4, and 5)	Date	Expiration		Amount		
				Code V	(A) (D)	Exercisable	Date	Title	Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

STONE STEVEN M 1000 LOWE'S BOULEVARD MOORESVILLE, NC 28117

**Chief Information Officer** 

### **Signatures**

By: Ben Adams For: Steven M. Stone 09/01/2005

\*\*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).

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.

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