SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2005-05-02** | Period of Report: **2005-04-22** SEC Accession No. 0000073124-05-000070

(HTML Version on secdatabase.com)

ISSUER

NORTHERN TRUST CORP

CIK:73124| IRS No.: 362723087 | State of Incorp.:DE | Fiscal Year End: 1231

SIC: 6022 State commercial banks

Mailing Address 50 S LASALLE ST CHICAGO IL 60675 Business Address 50 S LASALLE ST CHICAGO IL 60675 3126306000

REPORTING OWNER

TOTH TERENCE J

CIK:1277392

Type: 4 | Act: 34 | File No.: 000-05965 | Film No.: 05790377

Business Address 50 S LASALLE STREET CHICAGO IL 60675 3126306000

FORM 4

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									
Expires:	02/28/2011									
Estimated average burden										
hours per response	0.5									

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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. Name and Address TOTH TEREN	ss of Reporting Person	on <u>*</u>	2. Issuer Name and Ticker or Trading Symbol NORTHERN TRUST CORP [NTRS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/22/2005	_X_ Officer (give title Other (specify below) below) EVP & President/NTGI				
50 S. LA SALLE	EST.							
CHICAGO, IL 60	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	Individual or Joint/Group Filing (Check applicable line) X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/ Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	٧	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)		
Common Stock	04/22/2005		<u>G</u>	V	50	D	\$ 0	19,288	I	By Trust	
Common Stock (1)								41,000	D		
Common Stock								4,509 ⁽²⁾	I	401(k)	

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

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. Transac Code (Instr. 8		5. Numl of Deriv Secu Acqu (A) o Dispo of (D (Instr 4, an	rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securities Underlying Derivative Security		of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date		Amount or Number of Shares				

Explanation of Responses:

- 1. Represents stock units payable automatically on a 1-for-1 basis in shares of the Corporation's common stock.
- 2. as of March 31, 2005

Signatures

Eileen C. Ratzka POA for Terence J. Toth

** Signature of Reporting Person

05/02/2005

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 Number.