

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2005-05-02** | Period of Report: **2005-04-28**

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ISSUER

LEXMARK INTERNATIONAL INC /KY/

CIK: **1001288** | IRS No.: **061308215** | State of Incorporation: **DE** | Fiscal Year End: **1231**
SIC: **3570** Computer & office equipment

Mailing Address
740 WEST NEW CIRCLE
ROAD
LEXINGTON KY 40550

Business Address
ONE LEXMARK CENTRE DR
LEXINGTON KY 40550
8592322000

REPORTING OWNER

WALKER MARTIN D

CIK: **1184893**
Type: **4** | Act: **34** | File No.: **001-14050** | Film No.: **05790681**

Business Address
LEXMARK INTERNATIONAL
INC
740 W NEW CIRCLE RD
LEXINGTON KY 40550
8592322700

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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 of Reporting Person WALKER MARTIN D			2. Issuer Name and Ticker or Trading Symbol LEXMARK INTERNATIONAL INC /KY/ [LXX]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/28/2005		6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person	
ONE LEXMARK CENTRE DRIVE, 740 WEST NEW CIRCLE ROAD			4. If Amendment, Date Original Filed(Month/Day/Year)			
(Street) LEXINGTON, KY 40550						
(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)	2A. Deemed Execution Date, if any (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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)			

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. Transaction Code (Instr. 8)		5. Number of 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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Nonemployee Director Stock Option (1)	\$69.13	04/28/2005		A		3,000		04/28/2006 (2)	04/28/2015	Class A Common Stock	3,000	\$ 0	3,000	D	

Explanation of Responses:

1. Right to Buy with Tandem Tax Withholding Right
2. The options vest and become exercisable in three approximately equal annual installments (34%, 33%, 33%), commencing 4/28/2006.

Signatures

By: /s/ Joseph M. Kamer, Attorney-in-Fact

05/02/2005

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.