#### ASBECK KATHERINE A

Form 4 June 22, 2005

### FORM 4

Check this box

if no longer

subject to

Section 16.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person \*

(First)

(Street)

ASBECK KATHERINE A

(Middle)

ONE RIVERFRONT PLAZA

CORNING, NY 14831

2. Issuer Name and Ticker or Trading Symbol

CORNING INC /NY [GLW]

3. Date of Earliest Transaction

(Month/Day/Year)

06/21/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

**OMB APPROVAL** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify

below)

Senior VP & Controller

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

below)

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

Code (Instr. 8)

TransactionAcquired (A) or Disposed of (D)

4. Securities

(Instr. 3, 4 and 5)

(A)

5. Amount of Securities Beneficially Owned Following

Reported

6. Ownership Form: Direct (D) or Indirect Beneficial (I) (Instr. 4)

7. Nature of Indirect Ownership (Instr. 4)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of 8. Price **Underlying Securities** Deriva (Instr. 3 and 4) Securi

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| (Instr. 3)       | Price of<br>Derivative<br>Security | (Month/Day/ | Year) (Instr. 8) | (D)   | (A) or<br>Disposed of<br>(D)<br>(Instr. 3, 4, |                     |                    |                 | (Instr.                                |       |
|------------------|------------------------------------|-------------|------------------|-------|---|---------------------|--------------------|-----------------|--|-------|
|                  |                                    |             | Code V           | (A)   | . ,   | Date<br>Exercisable | Expiration<br>Date | Title           | Amount<br>or<br>Number<br>of<br>Shares |       |
| Phantom<br>Stock | \$ 0 (1)                           | 06/21/2005  | J <u>(1)</u>     | 61.29 |   | <u>(1)</u>          | <u>(1)</u>         | Common<br>Stock | 61.29                                  | \$ 16 |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ASBECK KATHERINE A ONE RIVERFRONT PLAZA CORNING, NY 14831

Senior VP & Controller

### **Signatures**

Denise A. Hauselt, Power of Attorney 06/22/2005

\*\*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).
- (1) The reported Phantom Stock Units are acquired on a monthly basis pursuant to the terms of Corning's Supplemental Investment Plan and will be settled for cash at fair market value on or after the reporting person's retirement or other termination of service.

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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