FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-028								
1	F-4:	la considerati								

37 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Instruction	on 1(b).			Filed						ties Exchan mpany Act			34		liouis	рег гезропзе.	0.5
1. Name and Address of Reporting Person* <u>LILLIS CHARLES M</u>					2. Issuer Name and Ticker or Trading Symbol WILLIAMS COMPANIES INC [WMB]									Relationsh Check all ap X Dire	plicable)	ig Person(s) to	o Issuer ó Owner
(Last) (First) (Middle) 9785 MAROON CIRCLE SUITE 110 (Street) ENGLEWOOD CO 80112 (City) (State) (Zip)				3. Date of Earliest Transaction (Month/Day/Year) 08/14/2003									Offi belo	cer (give title w)	Oth belo	er (specify ow)	
					4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> For For	,		
	<u> </u>	Tabl	e I - Nor	n-Deriva	ative S	Securit	ies Ac	quire	d, Dis	sposed o	f, or	Ben	eficia	ally Own	ed		
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da				Execution		ion Date,	Cod	sactio e (Instr	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				d Secu Bene	ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
									e V	Amount		A) or D)	Price	Trans	action(s) 3 and 4)		(iiidii iy
Common Stock 08/14/					2003			P		10,00	0	A	\$8.2	\$8.28 14,442		D	
		Та								osed of, convertib				y Owned	I		
	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	ate, Transac Code (Ir		Number rivative curities quired or posed D) str. 3, 4	Expira	Exerc tion Da //Day/Y		Amo Secu Unde Deriv	Am or	str. 3 ount	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)

(A) (D) Exercisable Date

Explanation of Responses:

Remarks:

Cher S. Lawrence, Attorney-in-Fact for Charles M. Lillis

** Signature of Reporting Person Date

Shares

Title

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).

Code V

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.