FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0104    |     |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person*  GRANBERRY WILLIAM R  2. Date of Event Requiring Statement (Month/Day/Year)  11/16/2005 |  |             |                     | nent   | 3. Issuer Name and Ticker or Trading Symbol WILLIAMS COMPANIES INC [ WMB ] |  |   |                                  |  |   |  |  |  |  |
|--|--|-------------|---------------------|--|--|--|---|----------------------------------|--|---|--|--|--|--|
| (Last) ONE WILLIA  | (First)  | (Middle)    |                     |  |  | tionship of Reporting Perso<br>all applicable)<br>Director | on(s) to Issuer<br>10% Owner                                      |                                  | 5. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |  |  |  |
| (Street) TULSA (City)  | OK<br>(State)  | 74172 (Zip) |                     |  |  | Officer (give title below)                                 | Other (spe<br>below)  |                                  | Applicable X Fo  | Line)<br>rm filed b   | /Group Filing (Check<br>y One Reporting Person<br>y More than One<br>erson |  |  |  |
|  | Table I - Non-Derivative Securities Beneficially Owned |             |                     |  |  |  |   |                                  |  |   |  |  |  |  |
| 1. Title of Security (Instr. 4)  |  |             |                     |  |  | ally Owned (Instr. 4)                                      | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5) |                                  | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |   |  |  |  |  |
| No securities beneficially owned   |  |             |                     |  |  | 0  | D   |                                  |  |   |  |  |  |  |
| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities)            |  |             |                     |  |  |  |   |                                  |  |   |  |  |  |  |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisa Expiration Date (Month/Day/Year                                      |  |             | ate                 | 3. Title and Amount of Secur<br>Underlying Derivative Securi |  | ity (Instr. 4) Cor<br>or E                                 |   | cise Forn                        | Ownership<br>Form:                                       | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |  |
|  |  |             | Date<br>Exercisable | Expiratior<br>Date   | Title  | ,  | Amount<br>or<br>Number<br>of<br>Shares                            | Price of<br>Derivati<br>Security | ve or In   | ct (D)<br>ndirect<br>nstr. 5)                               |  |  |  |  |

Explanation of Responses:

Remarks:

/s/ Brian K. Shore, attorney-infact for William R. Granberry 11/29/2005

\*\* Signature of Reporting Person

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 5 (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.