FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

- 1								
	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

HINSHAW JUANITA H			Date of Event Requiring Staten Month/Day/Year 1/16/2004	nent 1	3. Issuer Name and Ticker or Trading Symbol WILLIAMS COMPANIES INC [WMB]						
(Last) (First) (Middle) 34 N. MERAMEC AVENUE					Relationship of Reporting Pers (Check all applicable) X Director		10% Owner		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check		
(Street) ST. LOUIS (City)	MO (State)	63105 (Zip)			Officer (give title below)		Other (specify below)		Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
		Т	able I - Non	-Derivati	ive S	ecurities Beneficiall	y Owned				
1. Title of Security (Instr. 4)						int of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
							(Instr. 5)	- 1			
Common Stoc	k					0	D D				
Common Stoc	k	(e. <u>ç</u>				0 urities Beneficially (options, convertible	D Owned	s)			
	k ative Security (Ins	, ,		s, warrai	nts, c	urities Beneficially (D Owned securities	4. Conver or Exer Price of	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

Cher S. Lawrence, Attorney-in-Fact for Juanita H. Hinshaw

** 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.