HOWE KEITH B Form 4 April 29, 2005

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

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

Estimated average burden hours per response...

5. Relationship of Reporting Person(s) to

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

| HOWE KE | UNIT | Symbol UNITED DEFENSE INDUSTRIES INC [UDI] | | | | Issuer (Check all applicable) | | | |
|--------------------------------------|---|---|-------------------------------|---|-----------------------------------|--|--|--|---|
| (Last) C/O UNITE INDUSTRI BOULEVA | (Month 04/27/ | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2005 | | | | Director 10% Owner Section Officer (give title Other (specify below) Vice President | | | |
| ARLINGTO | (Street) ON, VA 22209 (State) | Filed(M | nendment, Da onth/Day/Year |) | Securitie | es Acc | 6. Individual or J Applicable Line) _X_ Form filed by Form filed by Person quired, Disposed of | One Reporting Pe More than One Re | erson |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transactio | 4. Securition(A) or Dis (D) (Instr. 3, 4) | ies Acquesposed of and 5) (A) or | iired | 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) |
| common stock | 04/27/2005 | | A/K | 12,000 | Α (| <u>1)</u> | 16,800 | D | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. | 5. orNumber | 6. Date Exerc Expiration Da | | 7. Title Amou | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|--|--------------------------------------|---|-----------------|---|--------------------------------|--------------------|------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Monun Day/ Year) | execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Under Securi | lying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HOWE KEITH B C/O UNITED DEFENSE INDUSTRIES, INC. 1525 WILSON BOULEVARD, SUITE 700 ARLINGTON, VA 22209

Vice President

Signatures

David V. Kolovat as Attorney-in-Fact

04/29/2005

**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) Not applicable.

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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