Edgar Filing: RUEFF J RUSSELL - Form 4

Form 4										
March 02, 2005 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). MITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								OMB Number: Expires: Estimated burden hou response	Number: 3235-0287 Expires: January 31 2005 Estimated average burden hours per response 0.5	
(Print or Type Res	sponses)									
1. Name and Address of Reporting Person <u>*</u> RUEFF J RUSSELL			2. Issuer Name and Ticker or Trading Symbol ELECTRONIC ARTS INC [ERTS]			5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 209 REDWOOD SHORES PARKWAY			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2005			Check all applicable) <u></u> Director <u>X</u> Officer (give title <u></u> 10% Owner below) EVP, Human Resources				
			If Amendment, Date Original ed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
REDWOOD (CITY, CA 940	65					Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table I - No	on-Derivativ	e Secu	rities A	cquired, Disposed of	f, or Beneficia	lly Owned	
	Transaction Date Ionth/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y	Code (Instr. 8	4. Secur ctionAcquire Dispose 3) (Instr. 3 V Amoun	d (A) o d of (D , 4 and (A) or)	SecuritiesHBeneficially(Owned(5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report	on a separate line	e for each class					or indirectly.			

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 control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amour
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	f			
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option	\$ 64.92	03/01/2005		А	50,000	<u>(1)</u>	03/01/2015	Common Stock	50,0
Non-Qualified Stock Option	\$ 64.92	03/01/2005		А	75,000	(2)	03/01/2015	Common Stock	75,0

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
RUEFF J RUSSELL 209 REDWOOD SHORES PARKWAY REDWOOD CITY, CA 94065			EVP, Human Resources				
Signatures							
Stephanie Kuo attorney in fact for J Russell Rueff		03/02/2					
<u>**</u> 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) Option vests and becomes exercisable as to 24%, 12 months from vest date; then vests as to an additional 2% each month thereafter for 38 months
- Option vests and becomes exercisable as to 25%, 24 months from grant date; then vests as to an additional 25%, 36 months from grant date; and then vests as to the remaining 50%, 48 months from grant date.

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.