FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

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

OMB APPROVAL OMB Number: 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

	nd Address of N STEPH	Reporting Person* EN H							ker or Tradi <u>JMEN</u> T			XN]			elationship (eck all applic Directo	cable)	ng Perso	on(s) to Iss 10% Ov	
(Last) (First) (Middle) 12500 TI BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 01/20/2005									below)	Officer (give title below) SR. VICE PRESID			Other (specify below)
(Street)	S T.	x	75243		4.	If Ame	endment,	Date o	of Original F	iled	(Month/Da	ay/Year)	ı	Line	Form f	iled by On	e Repor	(Check Ap	n
(City)	(S	tate)	(Zip)													Person			
		Tak	le I - No	n-Deri	vativ	e Se	curitie	s Ac	quired, I	Disp	osed c	of, or E	3ene	ficiall	y Owned	l			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			(A) or 3, 4 and	or 5. Amount of Securities Beneficially Owned Follow Reported		Form:	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	Code V Amount (A) or (D)		Price	Transaction(s)								
Common	Stock														53,3	11.95		D	
Common	Stock														2,2	2,251(1)		I	By Son
Common	Stock														8,000(2)			I	By Trust
Common	Stock														17,01	1.83 ⁽³⁾		I	By Trust CODA
Common	Stock														17,14	4.36(4)		I	By Trust PS
		-	Table II -						uired, Di						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Instr.		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	OI N Of	umber					
NQ Stock Option (right to	\$21.55	01/20/2005			A		75,000		(5)	0	1/20/2015	Comm		5,000	\$0	75,00	00	D	

Explanation of Responses:

buy)

- 1. Beneficial ownership by reporting person disclaimed.
- 2. The reporting person has only a remainder interest in the trust, and disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.
- 3. Estimated shares attributable to TI Employee Cash or Deferred Compensation Account as of 12-31-04. (Interests in this account are denominated in units. Consequently, share amount shown is an estimate.) This statement does not include changes in beneficial ownership of shares held in such account occurring after 12-31-04 that are eligible for deferred reporting on Form 5.
- 4. Estimated shares attributable to TI Universal Profit Sharing account as of 12-31-04. (Interests in this account are denominated in units. Consequently, share amount shown is an estimate.) This statement does not include changes in beneficial ownership of shares held in such account occurring after 12-31-04 that are eligible for deferred reporting on Form 5.
- 5. The option becomes exercisable in four equal annual installments beginning on January 20, 2006.

CYNTHIA H. HAYNES, ATTORNEY IN FACT

01/24/2005

** 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 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).

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.