

GILLETTE CO
Form 3
February 10, 2005

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â BERKSHIRE HATHAWAY INC			(Month/Day/Year)	GILLETTE CO [G]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
1440 KIEWIT PLAZA				(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)				___ Director	___ Form filed by One Reporting Person
OMAHA,Â NEÂ 68131				___ Officer	___ Form filed by More than One Reporting Person
(City)	(State)	(Zip)		(give title below)	(specify below)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	100,980,000	I	See Footnote (1), (2), and (3) below. <u>(1)</u> <u>(2)</u> <u>(3)</u>

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BERKSHIRE HATHAWAY INC 1440 KIEWIT PLAZA OMAHA, NE 68131	^	^ X	^	^
OBH INC 1440 KIEWIT PLAZA OMAHA, NE 68131	^	^ X	^	^
BUFFETT WARREN E 1440 KIEWIT PLAZA OMAHA, NE 68131	^	^ X	^	^

Signatures

BERKSHIRE HATHAWAY INC. 02/10/2005

__Signature of Reporting Person Date

WARREN E. BUFFETT 02/10/2005

__Signature of Reporting Person Date

OBH, INC. 02/10/2005

__Signature of Reporting Person Date

Explanation of Responses:

* 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).

The reported securities are held by the following direct or indirect subsidiaries of OBH, Inc.: National Indemnity Company (60,000,000), Government Employees Insurance Company (4,980,000), National Fire and Marine Insurance Company (6,400,000), Columbia Insurance Company (20,800,000), National Liability & Fire Insurance Company (800,000), Cypress Insurance Company (1,600,000), and Wesco-Financial Insurance Company (6,400,000). OBH, Inc. is a direct wholly owned subsidiary of Berkshire Hathaway, Inc. ("Berkshire").

(2) Warren E. Buffett, as the controlling stockholder of Berkshire, may be deemed presently to beneficially own, but only to the extent he has a pecuniary interest in, the reported securities.

(3) Each of Berkshire, OBH, Inc., and Mr. Buffett disclaims beneficial ownership of the reported securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of its or his pecuniary interest therein.

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.