#### GIBBONS THOMAS P

Form 5

February 07, 2005

#### **OMB APPROVAL** FORM 5 **OMB**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form

OWNERSHIP OF SECURITIES

See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4

5 obligations

may continue.

Transactions Reported

1. Name and Address of Reporting Person * GIBBONS THOMAS P			2. Issuer Name <b>and</b> Ticker or Trading Symbol BANK OF NEW YORK CO INC [BK]				Issu	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	, ,	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004				X	Director X Officer (give title Other (specify low) below)  EVP of The Bank of New York				
ONE WAI	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. I	Individual or Joint/Group Reporting  (check applicable line)				
NEW YORK, NY 10286  _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person												
(City)	(State)	(Zip)	Ta	ble I - Non-De	erivative S	ecuri	ties Acquire	d, Disposed of, o	r Beneficially	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securi or Dispo (Instr. 3,	sed of		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock (Par Value \$7.50)	11/04/2004	Â		L	19.34	,	\$ 31.6187	168,052.49	D	Â		
Common Stock (Par Value \$7.50)	11/04/2004	Â		L	25.93	A	\$ 33.2829	168,078.42	D	Â		
Common Stock (Par	12/01/2004	Â		L	12.71	A	\$ 31.4766	168,091.13 (1)	D	Â		

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

Estimated average

burden hours per

Value \$7.50)

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

SEC 2270 (9-02)

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Is

# 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.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		
					(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
GIBBONS THOMAS P ONE WALL STREET NEW YORK Â NYÂ 10286	Â	Â	EVP of The Bank of New York	Â			

## **Signatures**

Thomas P.
Gibbons

\*\*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) As of December 31, 2004, reporting person has 103.974 stock units in employer's stock fund in The Bank of New York Company, Inc. Employee Savings and Investment Plan, formerly the Profit Sharing Plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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