longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response..

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)  1. Name and Address of Reporting Person*  COUNTRYMAN GARY L			2. Issuer Name and Ticker or Trading Symbol BANK OF AMERICA CORP /DE/ [BAC]						4	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
(Last) (First) (Middle) LIBERTY MUTUAL INSURANCE COMPANY, 175 BERKELEY STREET			3. Date of Earliest Transaction (Month/Day/Year) 05/26/2004					-	Officer (give	title below)	Other	(specify below	)		
(Street) BOSTON, MA 02117			4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				)	
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						ties Acquir	lired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	any		ear) Cod		(1	Securities AA) or Dispose nstr. 3, 4 and (A) mount (D)	d of (D) (5) T	. Amount of S Owned Followi Transaction(s) Instr. 3 and 4)		I C F C C C C C C C C C C C C C C C C C	orm: Indirect (	7. Nature of Indirect Beneficial Ownership Instr. 4)
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Reminder: 1	Report on a s	eparate line for each		- Derivat	ive Secu	ırities A	cqui	Person in this i a curre	orm are no ntly valid C	t required MB contro	to respond of number.		ion containe form displa		474 (9-02)
	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transact Code	ive Secuts, calls.  5. 1 De Secution Acor 1 (D)	virities A, warrar Number rivative curities quired (A	cquints, o	Person in this is a curre red, Dispo ptions, co	orm are no ntly valid O sed of, or B nvertible sec xercisable ation Date	required MB contro meficially ( urities) 7. Title an	to respond to number.  Dwned  and Amount of any Securities	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersh Form of Derivativ Security: Direct (D or Indirect)	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transact Code	ive Secuts, calls.  5.1 De Secutor Accord (D) (In 5)	Number or rivative curities quired (A Disposeco	cquints, o	Person in this is a curre red, Disportions, co	orm are nontly valid O seed of, or B nvertible see exercisable ation Date ay/Year)	required MB control meficially (urities)  7. Title an Underlyir (Instr. 3 a	to respond to number.  Dwned  and Amount of any Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Naturip of Indire Beneficire Ownersh (Instr. 4)

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
COUNTRYMAN GARY L LIBERTY MUTUAL INSURANCE COMPANY 175 BERKELEY STREET BOSTON, MA 02117	X				

# **Signatures**

Gary L. Countryman/Roger C. McClary POA	05/27/2004
**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).
- Shares represent payment of the annual retainer fee and an additional award of restricted shares under the Bank of America Corpor ation Directors' Stock Plan in transactions exempt under Rule 16b-3.
- (2) Phantom stock units may be settled in cash upon death or termination of service as a director.

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.