FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 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 Ty | pe Responses | s) | | | | | | | | | | | | |
|--|--|--------------|---|---|--|--|---------------|--|---------|--|---|---|---|---|
| 1. Name and Address of Reporting Person* OKEN MARC D | | | | 2. Issuer Name BANK OF A | ~ . | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 1650 QUEENS ROAD WEST | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/23/2004 | | | | | | X Officer (give title below) Other (specify below) Chief Financial Officer | | | | |
| (Street) CHARLOTTE, NC 28207 | | | | 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) | 7 | Γable I - N | on-De | rivative | Securities | Acqui | red, Dispe | osed of, or I | Beneficially (| Owned | |
| (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | if Code (Instr. 8 | Code (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | Beneficia | at of Securities lly Owned Following Transaction(s) | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | (World) Bay Tear) | Code | V | Amour | (A) or (D) | Price | , , | | | | Instr. 4) |
| Common Stock 12/23/2004 | | | 12/23/2004 | | G | V | 1,078 | B D | (1) | 225,954 | (2) | | D | |
| Common Stock 12/29/2004 | | | 12/29/2004 | | G | V | 954 | D | (1) | 225,000 | (2) | | D | |
| 1 Title of | 2 | 2 Tropics at | (| e.g., puts, calls, v | warrants, o | ptions | s, conver | tible secur | rities) | | Q Dwing of | 0 Number | £ 10 | 11 Not- |
| 1. Title of Derivative Security (Instr. 3) | 2. 3. Transactio Conversion or Exercise Price of Derivative Security | | n 3A. Deemed Execution Date Year) any | e.g., puts, calls, v | 5. Number of Derivativ Securities Acquired (A) or Disposed | 5. 6. Date I and Exp (Month/Derivative Securities Acquired (A) or Disposed | | piration Date Am h/Day/Year) Und Sec | | tle and bunt of erlying rities r. 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | Ownershi Form of Derivativ Security: Direct (D or Indirects) |) |
| | | | | | of (D) (Instr. 3, 4, and 5) | | | | | | | (Instr. 4) | (Instr. 4) | , |
| | | | | Code V | (A) (D | | e rcisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | |
| | D () | | | Relationship | | | | | | | | | | |
| Reporting Owner Name / Address | | | Director 10% Owner | Officer | | | Other | | | | | | | |

Chief Financial Officer

Signatures

OKEN MARC D

1650 QUEENS ROAD WEST

CHARLOTTE, NC 28207

| Marc Denis Oken/Roger C. McClary POA | 12/30/2004 |
|--------------------------------------|------------|
| 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).
- (1) These shares were gifted on the indicated date.
- (2) The securities included in this report and future reports reflect the Company's 2 for 1 stock split on August 27, 2004.

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.