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ALTRIA GROUP INC

Form 4

April 28, 2003

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549
FORM 4
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.
Form 4 or Form 5 obligations may continue. See Instructions 1(b).

 Name and Address of Reporting Person Mathis Cabiallavetta
 Park Avenue

NY, New York 10017

- 2. Issuer Name and Ticker or Trading Symbol Altria Group, Inc. (MO)
- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Day/Year 4/24/2003
- 5. If Amendment, Date of Original (Month/Day/Year)
- 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner () Officer (give title below) () Other (specify below)
- 7. Individual or Joint/Group Filing (Check Applicable Line)
 - (X) Form filed by One Reporting Person
 - () Form filed by More than One Reporting Person

Table I Non-Derivative	Cogurition	7 aguired	Diaposod	of or	Popoficially	oranod.
Table I Non-Derivative	s securities	Acquirea,	DISPOSED	01, 01	Deliet I CTall	Ownea

1. Title of Security	Trans-		Tran	s	.Securities or Disposed	-	l (A)		5.Amount of Securities Beneficially	
	1	 Date		1 1	Amount	<i>A</i>		Price	Owned Follows Reported Tran	ing
Common Stock	4/24/	 	A 	1	690 1	A 	\$32.	.545	1690 	

Table II -- Derivative Securitites Acquired, Disposed of, or Beneficially Owned

1.Title of	2.Con-	13.	3A.	4.	5.Number	of De	6.Date	Exer 7	.Title and A	Amount	8.P
Derivative	version	Trans-	Deemed	Trans-	rivativ	re Secu	cisabl	e and	of Underly	ing	of
Security	or Exer	action		action	rities	Acqui	Expira	tion	Securities		vat
	cise		Execu-	.	red(A)	or Dis	Date(M	Ionth/			Sec
	Price of		ution		posed o	of(D)	Day/Ye	ar)			rit
	Deriva-				I		Date	Expir			
	tive				I	A,	/ Exer-	ation	Title and	Number	
	Secu-	(Month/	(Month	.	I	D	cisa-	Date	of Shares		
	rity	Day/	/Day/	Code V	Amount	.	ble				
	1	Year)	Year)		I	1					

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Explanation of Responses:

1. Deferred stock awarded under the 2000 Compensation Plan for Non-Employee Directors.

SIGNATURE OF REPORTING PERSON

Mathis Cabiallavetta

G. Penn Holsenbeck for Mathis Cabiallavetta