### Edgar Filing: KING JON M - Form 4

| Check this box<br>if no longer<br>subject to<br>Section 16. SECURITIES SECURITIES NUMBERSHIP OF<br>Section 16. SECURITIES NUMBERSHIP OF<br>SECURITIES NUMBERSHIP<br>SECURITIES NUMBERSHIP OF<br>SECURITIES NUMBERSHIP<br>SECURITIES NUMBERS |                                         |         |                                                                             |                                                  |                                       |                                        |                     |                                                                                                                                                                                                         | 3235-0287<br>January 31,<br>2005<br>verage                              |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------|-----------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|----------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------|--|
| (Print or Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Responses)                              |         |                                                                             |                                                  |                                       |                                        |                     |                                                                                                                                                                                                         |                                                                         |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>TIFFANY & CO [TIF] |                                                  |                                       |                                        |                     | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                                                                                                           |                                                                         |                          |  |
| (Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (First) (I                              | Middle) | 3. Date of Earliest Transaction                                             |                                                  |                                       |                                        | (Check              | k an applicable)                                                                                                                                                                                        |                                                                         |                          |  |
| TIFFANY & CO., 727 FIFTH<br>AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |         | (Month/Day/Year)<br>03/29/2005                                              |                                                  |                                       |                                        |                     | Director 10% Owner<br>XOfficer (give title Other (specify<br>below)<br>SENIOR VICE PRESIDENT                                                                                                            |                                                                         |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |         |                                                                             | nendment, Date Original<br>Ionth/Day/Year)       |                                       |                                        |                     | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul> |                                                                         |                          |  |
| (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (State)                                 | (Zip)   | Tahl                                                                        | a I - Non-I                                      | Dorivativa                            | Secu                                   | ritios A cau        | uired, Disposed of,                                                                                                                                                                                     | or Bonoficial                                                           | v Owned                  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Transaction Date<br>(Month/Day/Year) |         | ned<br>1 Date, if                                                           | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | 4. Securi<br>on(A) or D<br>(Instr. 3, | ties A<br>ispose<br>4 and<br>(A)<br>or | cquired<br>d of (D) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                                                                      | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect |  |
| Common<br>Stock \$.01<br>Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 03/29/2005                              |         |                                                                             | М                                                | 5,000                                 | A                                      | \$<br>9.4532        | 5,000                                                                                                                                                                                                   | D                                                                       |                          |  |
| Common<br>Stock \$.01<br>Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 03/29/2005                              |         |                                                                             | S                                                | 5,000                                 | D                                      | \$ 34               | 418                                                                                                                                                                                                     | I                                                                       | ESOP                     |  |

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.

#### Edgar Filing: KING JON M - Form 4

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | Transaction of Derivative<br>Code Securities |                     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                 | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|---------------------------------------|----------------------------------------------|---------------------|----------------------------------------------------------------|-----------------|---------------------------------------------------------------------|--|
|                                                     |                                                                       |                                         |                                                             | Code V                                | (A) (D)                                      | Date<br>Exercisable | Expiration<br>Date                                             | Title           | Amount<br>or<br>Number<br>of<br>Shares                              |  |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)    | \$ 9.4532                                                             | 03/29/2005                              |                                                             | М                                     | 5,000                                        | <u>(1)</u>          | 01/15/2008                                                     | Common<br>Stock | 5,000                                                               |  |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                                 | Relationships |           |                       |       |  |  |
|-----------------------------------------------------------------------|---------------|-----------|-----------------------|-------|--|--|
|                                                                       | Director      | 10% Owner | Officer               | Other |  |  |
| KING JON M<br>TIFFANY & CO.<br>727 FIFTH AVENUE<br>NEW YORK, NY 10512 |               |           | SENIOR VICE PRESIDENT |       |  |  |
| Signatures                                                            |               |           |                       |       |  |  |
| /s/ Patrick B. Dorsey,                                                |               | 03/30/20  | 005                   |       |  |  |

Attorney-in-Fact
<u>\*\*</u>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) Options granted under 16(b) Plan on 01/15/1997. The option vested in four equal installments on January 15, 1998, 1999, 2000 and 2001.

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.