

MARSHALL & ILSLEY CORP/WI/
Form 4
December 04, 2002

FORM 4

UNITED STATES SECURITIES
AND EXCHANGE COMMISSION
Washington, DC 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 194

OMB APPROVAL
OMB Number: 3235-0287
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(Print or Type Responses)

0

1. Name and Address of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Schaefer Robert A		Marshall & Ilsley Corporation (MI)		<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Director</td> <td>10% Owner</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Officer (give title below)</td> <td>Other (specify below)</td> </tr> </table>			<input checked="" type="checkbox"/>	Director	10% Owner	<input type="checkbox"/>	Officer (give title below)	Other (specify below)
<input checked="" type="checkbox"/>	Director	10% Owner										
<input type="checkbox"/>	Officer (give title below)	Other (specify below)										
(Last) (First) (Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	4. Statement for Month/Day/Year		7. Individual or Joint/Group Filing (Check Applicable Line)								
770 North Water Street		12-04-2002		<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Form filed by One Reporting Person</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Form filed by More than One Reporting Person</td> </tr> </table>			<input checked="" type="checkbox"/>	Form filed by One Reporting Person	<input type="checkbox"/>	Form filed by More than One Reporting Person		
<input checked="" type="checkbox"/>	Form filed by One Reporting Person											
<input type="checkbox"/>	Form filed by More than One Reporting Person											
(Street)		5. If Amendment, Date of Original (Month/Day/Year)										
Milwaukee WI 53202												
(City) (State) (Zip)	Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Debit Transaction Code (Instr. 8)	3. Transaction Date, if any (Month/Day/Year)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Owned or Reported Following Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Amount (A) or (D)	Price							

								4)	

FORM 4 (continued)		Table II ` Derivative Securities Acquired, Disposed of, (e.g., puts, calls, warrants, options, convertib										
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr.8)				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title		
Phantom Stock Units	1-for-1	12-03-2002		A				53.3808		12-03-2002	1	Common Stock

Explanation of Responses:

1 None

**Signature of
Reporting Person

Date

By: Ryan E. Daniels, Attorney-in-fact

Schaefer, Robert A

770 North Water Street

Milwaukee WI 53202

Marshall & Ilsley Corporation (MI)

12-04-2002

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.