FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* FIRESTONE MARC S | | | | | | 2. Issuer Name and Ticker or Trading Symbol KRAFT FOODS INC [KFT] | | | | | | | | | neck all app Direc | olicable) ctor | ng Person(s) to I | Owner | |
|--|---------------|--------|---|----------------------|----------------|---|---|---|------------------|--|----------------------|------------|---|------------------------|---|---|---|--|--|
| (Last) | (F LAKES D | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2005 | | | | | | | | | ^ belov | , | Gen Counsel | , | |
| (Street) | FIELD II | Ĺ | 60093 | | 4. If | 4. If Amendment, Date of Original Filed (Month | | | | | | ay/Year |) | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | ?) | State) | (Zip) | | | | | | | | | | | | Pers | on | | | |
| | | Tab | le I - No | n-Deriv | <i>r</i> ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | lly Owne | ed | | | |
| | | | Date | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | 5) Securi Benefi | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | (A) (D) | or | Price | Transa | action(s) 3 and 4) | | (111501.4) | |
| Class A C | Common S | tock | | 01/25 | /2005 | | | | A | | 22,520 |)] | A | \$33.3 | 33.315 44,250 D | | | | |
| | | Ta | | | | | | | | | osed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversic or Exercis Price of Derivative Security | | | 3A. Deeme Execution if any (Month/Da | n Date, Tran Code | | ection Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Num of Sha | nber | | | | | |

Explanation of Responses:

/s/ Krista A. Endres, by power of attorney

01/27/2005

** Signature of Reporting Person

Date

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.

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 Number.