FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549	

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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* KORBY ALENE M							2. Issuer Name and Ticker or Trading Symbol KRAFT FOODS INC [KFT]									ck all app Dired	olicable) ctor	10	Person(s) to Issuer 10% Owner	
(Last)	(First) (Middle) REE LAKES DRIVE							Earlies	st Trans	saction (N	/Jonth	/Day/Year)	_ x	belov	,	be	Other (specify below) ef Info Officer			
(Street) NORTHE		L State)		50093 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution			3. Transaction Code (Instr. 8)					Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect			
											v	Amount	(A) (D)	or F	Price	Trans	action(s) 3 and 4)		(mour r)	
Class A C	Common S	tock			01/25	/2005	05 A 17,260 A \$33.315 54,980						54,980	D						
			Та									osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	perivative Conversion Date Execution or Exercise (Month/Day/Year) if any		n Date, Transaction Code (Instr					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Str. 3	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
						Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Num of Shar	ber					

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.