FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

37 Estimated average burden hours per response: 0.5

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

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* SCHAEFER GEORGE A JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol ASHLAND INC [ASH] | | | | | | | | 5 (1 | Check all a | ip of Reporting Pe plicable) ector | | erson(s) to Issuer | | |
|--|--|--|-----------|---------|----------------------------|--|---------|---------|--|-----|--------------------|---|-----------------|---|---|--|---------------------------------------|---|---|--|
| (Last) (First) (Middle) FIFTH THIRD BANCORP. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2003 | | | | | | | | | | cer (give title ow) | | Other (specify below) | | |
| 38 FOUNTAIN SQUARE PLAZA | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) CINCINNATI OH 45263 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, oı | r Ben | efici | ally Owi | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | n Date, | 3. Transaction Code (Instr. b) 8) 4. Securities Acq Disposed Of (D) 5) | | | | | | nd Secu Bend Own | nount of urities eficially ed Following orted | Form: | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | 1 | (A) or (D) | Price | Tran | saction(s) r. 3 and 4) | | | (Instr. 4) | |
| Common Stock 09/30/ | | | | | | /2003 | | | | | 426 | | A | \$32 | .85 | 1,196 | | D | | |
| Restricted Stock | | | | | | | | | | | | | | 1,000(2) | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) 3A. Deem Execution if any (Month/D | Date, | | ransaction Code (Instr. | | of | | 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) | | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | nership rm: ect (D) Indirect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount nber ıres | | | | | | |

Explanation of Responses:

- 1. Shares of stock issued in lieu of fees.
- 2. Represents shares of Restricted Common Stock acquired pursuant to Ashland's stock incentive plans as approved by the shareholders and exempt pursuant to Rule 16b-3.

10/01/2003 M. Craig Hall

** 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.