FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response 0.5

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* MITCHELL SAMUEL J | | | | | | 2. Issuer Name and Ticker or Trading Symbol ASHLAND INC [ASH] | | | | | | | | | all applica Director | r | | 10% Ow | ner | |
|--|---|--|---|-------|---|---|---|-----|------------------------------------|-------|--|---|--|-------------|---|--|----------------|--|---|--|
| (Last) (First) (Middle) 3475 DABNEY DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2004 | | | | | | | | | Officer (give title below) Vice President | | reside | Other (specify below) dent | | |
| (Street) LEXINGTON KY 40509 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Feison | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | | saction | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | d (A) or | or 5. Amour | | lly | Form: | Direct Indirect Introduced Interest Int | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | T | Transaction(s) (Instr. 3 and 4) | | | | III3U. 4) | |
| Common Stock | | | | | | | | | | | | | 2 | | 16 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 474(1) | | I | | 401(K) | |
| | | Т | | | | | | | | | sed of, onvertib | | | Ow | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date E Expiratio (Month/D | n Dat | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Der | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ot (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Common Stock Units | \$0 ⁽²⁾ | 09/15/2004 | | | J ⁽³⁾ | | 97 | | (3) | | (3) | Common Stock | 97 | \$ | 554.32 | 22,73 | 0 | D | | |
| Stock Appreciation | \$0 ⁽²⁾ | 09/16/2004 | | | J ⁽⁴⁾ | | 15,000 | | 09/16/20 | 05 | 10/16/2014 | Common Stock | 15,000 | \$ | 554.81 | 15,00 | 0 | D | | |

Explanation of Responses:

- 1. Based on Employee Savings Plan information as of 8-4-04, the latest date for which such information is reasonably available.
- 3. Common Stock Units acquired pursuant to Ashland's 1995 Deferred Compensation Plan as of 9-15-04, and exempt under Rule 16b-3(d). (One (1) Common Stock Unit in the 1995 Deferred Compensation Plan is the equivalent of one (1) share of Ashland Common Stock)
- 4. Stock Appreciation Right granted pursuant to Ashland's Amended and Restated Stock Incentive Plan which vests in three annual installments: 50% after the 1st year, the next 25% the 2nd year and the remaining 25% the 3rd year.

M. Craig Hall

09/17/2004

** 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.