FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* <u>HUNERYAGER GARY D</u>									ker or Tradin CORP [5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (cnee) to						
(Last) (First) (Middle) P O BOX 321 MC/1110						3. Date of Earliest Transaction (Month/Day/Year) 08/31/2003								X Officer (give title Other (specify below) Internal Audit Officer					
(Street) OKLAHOMA CITY OK 73101				4. II	f Ame	endment, I	Date (of Original Fil	led ((Month/Da		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)																			
1 Title of	Security (Inc		ole I - Nor	1-Deriv		_	Curities 2A. Deeme		quired, D	isp		of, or Be		5. Amou		6 Ov	vnership	7. Nature	
Date						ar)	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr 8)		n Disposed Of (D) (In:		tr. 3, 4 a	nd Securition Beneficion Owned In Reporte	Securities Beneficially Owned Following Reported Transaction(s)		: Direct r Indirect str. 4)	of Indirect Beneficial Ownership (Instr. 4)	
Table II - Derivati					tivo	Sac	uritios	Λ c α	Code V		Amount	(A) or (D)		(Instr. 3 and 4)					
									s, options	•				•					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	4. Transacti Code (Ins				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amof Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shares	er					
Stock Equivalent Units	(1)	08/31/2003			A		11.655		(2)		(2)	Common Stock	11.65	5 \$19.92	11.65	5	D		
Stock Equivalent Units	(1)	09/15/2003			A		16.107		(2)		(2)	Common Stock	16.10	7 \$21.73	27.76	2	D		
Stock Equivalent Units	(1)	09/30/2003			A		16.107		(2)		(2)	Common Stock	16.10	7 \$21.73	43.86	9	D		
Stock Equivalent Units	(1)	10/15/2003			A		15.494		(2)		(2)	Common Stock	15.49	4 \$22.59	59.36	3	D		
Stock Equivalent Units	(1)	10/30/2003			A		15.494		(2)		(2)	Common Stock	15.49	4 \$22.59	74.85	7	D		
Stock Equivalent Units	(1)	11/15/2003			A		15.344		(2)		(2)	Common Stock	15.34	4 \$22.81	90.20	1	D		
Stock Equivalent Units	(1)	11/30/2003			A		15.344		(2)		(2)	Common Stock	15.34	4 \$22.81	105.54	15	D		
Stock Equivalent Units	(1)	12/15/2003			A		14.694		(2)		(2)	Common Stock	14.69	4 \$23.82	120.23	39	D		
Stock Equivalent	(1)	12/31/2003			A		14.694		(2)		(2)	Common Stock	14.69	4 \$23.82	134.93	3	D		

Explanation of Responses:

- 1. Security converts to common stock on a one-for-one basis.
- 2. The Common Stock Units were accrued under the Deferred Compensation Plan of OGE Energy Corp. and are to be settled 100% in cash at a specified future date or following termination of service.

Gary D. Huneryager

02/05/2004

** 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.