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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1. Nume and Address of Reporting reison | | | 2. Issuer Name and Ticker or Trading Symbol <u>LOEWS CORP</u> [LTR;CG] | | tionship of Reporting Pers all applicable) Director | on(s) to Issuer 10% Owner | | | |
|--|-------------------------------|----------|---|--|---|------------------------------|--|--|--|
| (Last) 745 FIFTH AVE | (First) ENUE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2005 | | Officer (give title below) | Other (specify below) | | | |
| (Street) NEW YORK (City) | (Street) NEW YORK NY 10153 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check A Line) X Form filed by One Reporting Pers Form filed by More than One Rep Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |

| Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|------------------------------|--|---|-----------------------------|---|----------------------------------|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Expiration | | Expiration Da | Expiration Date Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---------------|-----|---------------------|------------------------------------|-----------------|--|--------------------|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option | \$77.73 | 06/30/2005 | | Α | | 500 | | 06/30/2005 | 06/30/2015 | Common Stock | 500 | \$0 ⁽¹⁾ | 500 | D | |

Explanation of Responses:

1. The Reporting Person received the Derivative Security pursuant to a stock option grant at no cost.

Remarks:

/s/ Gary W. Garson, by power

07/05/2005

of attorney for Charles M.

Diker

** 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.