FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D.O. 00E40	
ton, D.C. 20549	OMB AF
	UNB AF

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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* FRIBOURG PAUL J						2. Issuer Name and Ticker or Trading Symbol  LOEWS CORP [ LTR;CG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					1										Direct	or		10% O	wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004									Office below	r (give title )		Other ( below)	specify	
277 PARK AVENUE																				
	4. 11	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)						- ' '									Line)					
NEW YO	ORK N	Y	10172											X Form filed by One Reporting Person						
															Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1 Title of 9	Security (Inc	tr 3)		2. Transa	action	7 2	A. Deer	med	3.		4. Secur	ities Acqui	red (A) (	ır	5. Amou	unt of	6. Ov	wnership	7. Nature	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution D					ion Disposed Of (D) (Inst				Securiti	Securities Fo		n: Direct	of Indirect Beneficial	
(MOIIII)Da						(Month/Day/Yea							Owned		Following   (I) (I		Instr. 4)	Ownership		
									Code	ode V		, (A) or <sub>D</sub>		e	Reporte Transac	tion(s)			(Instr. 4)	
									Code	<u> </u>	Amount	(D)	''''		(Instr. 3	and 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(	e.g., p	uts,	calls	, war	rants	s, option	s, c	onverti	ble sec	urities	5)						
1. Title of	2.	3. Transaction	3A. Deeme		4. Transaction Code (Instr 8)		action of		6. Date Exercisable and		7. Title and Amount of Securities			Price of	9. Number	of	10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I if any (Month/Day						Expiration Date (Month/Day/Year)				Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of						Securities			Underlying				(Instr. 5)		Beneficially		Direct (D)	Ownership	
Derivative Security								Acquired (A) or			Derivative Secur (Instr. 3 and 4)					Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
								osed	(IIISU. 3 and 4)				iiu <del>4</del> )			Reported Transaction(s) (Instr. 4)		(1) (111341.4)		
							of (D) (Instr. 3, 4													
				L			and 5)									(				
													Amou	nt						
													or Numb	er						
				,	Code	v	(A)	(D)	Date Exercisable		cpiration ate	Title	of Share:	,						
Stock Option	\$58.28	09/30/2004			A		500		09/30/2004	09	)/30/2014	Common Stock	500		<b>\$0</b> <sup>(1)</sup>	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 of attorney for Paul J. Fribourg

10/01/2004

\*\* 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.