FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* BRADEMAS JOHN | | | | | | 2. Issuer Name and Ticker or Trading Symbol LOEWS CORP [LTR;CG] | | | | | | | | | | of Reporting Person(s) to Issuer cable) or 10% Owner | | | | |
|--|--|------------|----------------|--------------------|--------------|---|-----|--|---------------------|----|---|-----------------|---|------------------------------------|---|---|--|---------------------------------------|---|--|
| (Last) (First) (Middle) 53 WASHINGTON SQUARE SOUTH | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2004 | | | | | | | | | fficer elow) | (give title | | Other (s below) | specify | |
| (Street) NEW Y(| | | 10012 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) X F | orm f | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Code (| | (A) or | | str. 3, 4 a | and Securiti Benefic Owned Reporte | | ies Forn cially (D) (Following (I) (I ed ction(s) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | | | | Transac Code (I | ansaction of | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | C | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | | |
| Stock Option | \$70.35 | 12/31/2004 | | | A | | 500 | | 12/31/2004 | 12 | 2/31/2014 | 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 of attorney for John Brademas

01/03/2005

** 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.