RISSMAN PAUL C

Form 4

assign. of

beneficial

ownership of l.p. interests (1)

12/15/2004

December 17, 2004

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check this bo if no longer		<u> </u>							Expires:	January 31, 2005		
subject to Section 16. Form 4 or	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						ERSHIP OF	Estimated average burden hours per response 0.			
Form 5 obligations may continue See Instruction 1(b).	Section 17(a)	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section										
(Print or Type Resp	oonses)											
1. Name and Address of Reporting Person ** RISSMAN PAUL C			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLIANCE CAPITAL					5. Relationship of Reporting Person(s) to Issuer				
			MANAGEMENT HOLDING LP [AC]					(Check all applicable) Director 10% Owner				
(Last)	· · ·	iddle)	3. Date of Earliest Transaction (Month/Day/Year)					X Officer (give title Other (specify below)  EVP of General Partner				
C/O ADAM R. SPILKA, ALLI MANAGEMEN	IANCE CAPIT		12/15/20	004								
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
NEW YORK,	NY 10105						1	Form filed by Mo	ore than One Rep	porting		
(City)	(State) (Z	Zip)	Table	I - Non-	Derivative S	Securities	Acqu	ired, Disposed of,	or Beneficiall	y Owned		
	Transaction Date Month/Day/Year)	ansaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securition(A) or D (Instr. 3,			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Units rep.				Code	V Amount	(D) I	Price	(mour o una 1)				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

F

Persons who respond to the collection of information contained in this form are not (9-02)

D

\$ 40.94 215,159 <u>(2)</u>

10,301 D

#### Edgar Filing: RISSMAN PAUL C - Form 4

required to respond unless the form displays a currently valid OMB control number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Month/Day/Year) Execution Date, if		onNumber	Number Expiration Date		Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	or Title Number	Number		
					Exercisable	Date		of			
				Codo V	(A) (D)						
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

RISSMAN PAUL C C/O ADAM R. SPILKA ALLIANCE CAPITAL MANAGEMENT CORPORATION NEW YORK, NY 10105

**EVP** of General Partner

#### **Signatures**

/s/ Adam Spilka, by pwr. att'y 12/17/2004

\*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- \* 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).
- (1) Units representing assignments of beneficial ownership of limited partnership interests in Alliance Capital Management Holding L. P. ("Holding Units").
- (2) Total includes 743 Holding Units acquired by Reporting Person through distribution reinvestment under deferred compensation plans.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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