FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHA | ANGES IN | I BENEFI | CIAL C | <b>DWNERS</b> | SHIP |
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| OMB APP             | ROVAL     |
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| OMB Number:         | 3235-0287 |
| Estimated average I | burden    |
| hours per respense  | 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*  HELMBRECHT STEVEN M |  |            |              |   | 2. 19  | 2. Issuer Name and Ticker or Trading Symbol  ITRON INC /WA/ [ ITRI ] |  |   |               |         |  |                        |   |   | (Chec | k all appli<br>Directo   | or   |   | rson(s) to Issuer  10% Owner Other (specify |  |
|---|--|------------|--------------|---|--------|--|--|---|---------------|---------|--|------------------------|---|---|-------|--|--|---|---|--|
| (Last) 2111 N I   | (F<br>MOLTER R   | ,          | (Middle)     |   |        | 3. Date of Earliest Transaction (Month/Day/Year) 10/09/2007          |  |   |               |         |  |                        |   | X Officer (give title below) Other (specify below)  Sr. VP & CFO  |       |  |  |   |   |  |
| (Street) LIBERT LAKE  | Y W  | Ά          | 99019        |   | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year)             |  |   |               |         |  |                        |   | 6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |       |  |  |   |   |  |
| (City)  | (S   | tate)      | (Zip)        |   |        |  |  |   |               |         |  |                        |   |   |       |  |  |   |   |  |
|   |  |            | le I - No    |   |        |  |  |   | _             |         | Dis  |                        |   |   |       | 1  |  |   |   |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/E      |  |            |              | Execution Date,                         |        |  | , Tr   | Transaction Disposed Of (D<br>Code (Instr. 5) |               |         | ies Acquired (A) or<br>Of (D) (Instr. 3, 4 and |                        |   | 5. Amount of Securities Beneficially Owned Following Reported   |       | Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                        |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |   |  |
|   |  |            |              |   |        |  |  | C   | ode           | v       | Amount   | (A)<br>(D)             | or Pri  | rice Reporte<br>Transac<br>(Instr. 3  |       | tion(s)  |  |   | (Instr. 4)                                  |  |
| Common Stock 10/08  |  |            | 9/2007       | 2007                                    |        |  | М  |   | 1,086         | 5 A     | \$2  | 20.64                  | 16,983  |   |       | D  |  |   |   |  |
| Common Stock 10/09  |  |            |              | 9/2007                                  | 2007   |  |  | S   |               | 1,086   | (1) <b>[</b>                                   | \$                     | 100   | 15  | ,897  | 97 D   |  |   |   |  |
| Common Stock 10/10/   |  |            |              | 0/2007                                  | 2007   |  |  | M   |               | 5,000   | O A \$37.                                      |                        | 37.4  | 20,897  |       |  | D  |   |   |  |
| Common Stock 10/10/2  |  |            |              |   | 0/2007 |  |  |   |               | S       |  | 5,000 <sup>(1)</sup> D |   | \$1   | 102.5 | 2.5 15,897   |  |   | D   |  |
|   |  | T          | able II -    |   |        |  |  |   |               |         |  | osed of<br>onverti     |   |   |       | Owned  |  |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | f 2. 3. Transaction Date Execution Date, (Month/Day/Year) if any |            | 4.<br>Transa | ransaction of Code (Instr. Derivative ( |        | 6. Da  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   | able and      |         |  | 8                      | Price of<br>Derivative<br>Decurity<br>Description |   |       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |   |  |
|   |  |            |              |   | Code   | v  | (A)  | (D)   | Date<br>Exerc | cisable |  | xpiration<br>ate       | Title   | Amo<br>or<br>Num<br>of<br>Share   | ber   |  |  |   |   |  |
| Stock<br>Option<br>(right to<br>buy)                          | \$20.64  | 10/09/2007 |              |   | M      |  |  | 1,086   |               | (2)     | 0  | 5/28/2014              | Commo<br>Stock                                    | 1,08  | 36    | \$0  | 2,247  |   | D   |  |
| Stock<br>Option<br>(right to<br>buy)                          | \$37.4   | 10/10/2007 |              |   | M      |  |  | 5,000   |               | (3)     | 0  | 5/03/2015              | Commo   | 5,00  | 00    | \$0  | 5,000  |   | D   |  |

## **Explanation of Responses:**

- 1. Shares sold pursuant to 10b5-1 Plan.
- 2. 33-1/3% of options become exercisable on 5/28/2005 and an additional 33-1/3% on each of 5/28/06 and 5/28/07.
- $3.\ 33-1/3\%\ of\ options\ become\ exercisable\ on\ 5/3/2006\ and\ an\ additional\ 33-1/3\%\ on\ each\ of\ 5/3/07\ and\ 5/3/08.$

By: MariLyn R. Blair, as attorney-in-fact For: Steven M. 10/11/2007 **Helmbrecht** 

\*\* 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.