FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |  |
| 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*                      |                                                                       |                                            |                                               |             |              | 2. Issuer Name and Ticker or Trading Symbol ITRON INC /WA/ [ITRI] |                                                             |                                                                      |               |                             |              |                                                             |                                                                                                   |                   |                                    | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                                                                                                    |                                                                   |                                                                          |                                                                    |  |
|---------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|-------------|--------------|-------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|---------------|-----------------------------|--------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------|------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| BRACY MICHAEL B                                               |                                                                       |                                            |                                               |             |              |                                                                   |                                                             |                                                                      |               |                             |              |                                                             |                                                                                                   |                   |                                    |                                                                         | or                                                                                                                 |                                                                   | 10% Ov                                                                   | vner                                                               |  |
| (Last) 2818 N.                                                | (Last) (First) (Middle)                                               |                                            |                                               |             |              |                                                                   |                                                             | est Tran                                                             | sactio        | n (Mon                      | th/D         | ay/Year)                                                    |                                                                                                   | Officer<br>below) | (give title                        |                                                                         | Other (s<br>below)                                                                                                 | specify                                                           |                                                                          |                                                                    |  |
|                                                               |                                                                       |                                            |                                               |             | 4 1          |                                                                   |                                                             |                                                                      | -4.0-1        |                             | 11           | (A.4 = := 4  = /D.                                          |                                                                                                   |                   | C 1 = =                            |                                                                         | 1-1-10                                                                                                             |                                                                   | . (Ob l · A                                                              | -Ulele                                                             |  |
| (Street)                                                      |                                                                       |                                            |                                               |             |              |                                                                   | enamer                                                      | nt, Date                                                             | of Oriç       | ginai ⊢i                    | iea          | (Month/Da                                                   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |                   |                                    |                                                                         |                                                                                                                    |                                                                   |                                                                          |                                                                    |  |
| SPOKANE WA 99216                                              |                                                                       |                                            |                                               |             |              |                                                                   |                                                             |                                                                      |               |                             |              |                                                             |                                                                                                   |                   |                                    | Form filed by More than One Reporting                                   |                                                                                                                    |                                                                   |                                                                          |                                                                    |  |
| (City) (State) (Zip)                                          |                                                                       |                                            |                                               |             |              |                                                                   |                                                             |                                                                      |               |                             |              |                                                             |                                                                                                   |                   |                                    | Perso                                                                   | n                                                                                                                  |                                                                   |                                                                          |                                                                    |  |
|                                                               |                                                                       | Tab                                        | le I - No                                     | n-Deriv     | /ative       | Se                                                                | curit                                                       | ies Ac                                                               | quir          | ed, D                       | isp          | osed o                                                      | f, or B                                                                                           | enef              | icially                            | Owned                                                                   | k                                                                                                                  |                                                                   |                                                                          |                                                                    |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |                                                                       |                                            |                                               |             |              | ar)   i                                                           | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                                                      | _   Co        | Transaction<br>Code (Instr. |              | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 5) |                                                                                                   |                   | 4 and Securiti<br>Benefic<br>Owned |                                                                         | es<br>ially<br>Following                                                                                           | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                                                                          | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |
|                                                               |                                                                       |                                            |                                               |             |              |                                                                   | ode V                                                       |                                                                      | Amount        | (A) or (D) Price            |              | rice                                                        | Reported Transaction(s) (Instr. 3 and 4)                                                          |                   |                                    |                                                                         | (Instr. 4)                                                                                                         |                                                                   |                                                                          |                                                                    |  |
| Common Stock 02/20/                                           |                                                                       |                                            |                                               |             |              | 2004                                                              |                                                             | 1                                                                    | М             |                             | 2,000        | ) A                                                         | . !                                                                                               | \$17.75           | 26                                 | 26,756                                                                  |                                                                                                                    | D                                                                 |                                                                          |                                                                    |  |
|                                                               |                                                                       | Т                                          | able II -                                     |             |              |                                                                   |                                                             |                                                                      |               |                             |              | sed of,<br>onverti                                          |                                                                                                   |                   |                                    | Owned                                                                   |                                                                                                                    |                                                                   |                                                                          |                                                                    |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | ed<br>Date, | 4.<br>Transa | Transaction<br>Code (Instr.                                       |                                                             | umber<br>vative<br>urities<br>uired<br>or<br>posed<br>D)<br>tr. 3, 4 | 6. Dat        |                             | cisal<br>ate | ble and                                                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Securi<br>(Instr. 3 and 4)    |                   | 8                                  | Price of erivative ecurity nstr. 5)                                     | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | is los                                                            | 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 | isable                      |              | xpiration<br>ate                                            | Title                                                                                             | or<br>Nui<br>of   | mber<br>ares                       |                                                                         |                                                                                                                    |                                                                   |                                                                          |                                                                    |  |
| Stock<br>Option<br>(right to                                  | \$17.75                                                               | 02/20/2004                                 |                                               |             | М            |                                                                   |                                                             | 2,000                                                                | 04/26         | 5/1994                      | 04           | /26/2004                                                    | Commo                                                                                             | <sup>1</sup> 2,   | 000                                | \$0                                                                     | 0                                                                                                                  |                                                                   | D                                                                        |                                                                    |  |

**Explanation of Responses:** 

By: MariLyn R. Blair, as attorney-in-fact For: Michael 02/20/2004
B. Bracy

\*\* 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.