FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | |
|----------------------------------------|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* NEILSON ROBERT D | | | | | | 2. Issuer Name and Ticker or Trading Symbol ITRON INC /WA/ [ITRI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner | | | | |
|------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|------|-----------------------------------------------|--------------------|----------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| (Last) (First) (Middle) 2818 N. SULLIVAN ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2005 | | | | | | | X Officer (give title below) Other (specible) President & COO, Director | | | | pecify | |
| (Street) SPOKANE WA 99216 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non-[| Derivati | ve Se | curities | s Ac | quired, Di | sposed | of, or Be | neficial | ly Owned | | | | | |
| Date | | | | . Transacti ate Month/Day | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | Beneficia Owned F | s ally following | Form (D) o | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code V | Amoun | (A) o (D) | r Price | Reported Transact (Instr. 3 | ion(s) | | | | |
| | | - | Table II - De (e. | | | | | uired, Dis , options, | | | | Owned | | | <u> </u> | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | xercise (Month/Day/Year) e of vative | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code (In | | | | 6. Date Exerc Expiration Da (Month/Day/ | ate | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | e V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$37.4 | 05/03/2005 | | A | | 20,000 | | (1) | 05/03/2015 | Common Stock | 20,000 | \$0 | 20,000 | 0 | D | | |

Explanation of Responses:

1. 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: Robert D. 05/04/2005 **Neilson**

** 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.