FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPI	OMB APPROVAL						
OMB Number:	3235-0287						
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Estimated average burden							
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hours per response	. 0.5						
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5. Relationship of Reporting Person(s) to Issuer

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

1. Name and Address of Reporting Person*

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

GEORGE KAISER FAMILY FOUNDATION			ATION	UNIT CORP [UNT]							(Chec	(Check all applicable) Director X 10% Owner						
(Last)	(Firs	st) (M	ddle)	3. Date of Earliest Transaction (Month/Day/Year) 07/16/2004							Officer (g below)	ive title)	Other (specify below)		y		
(Street) (City) (State) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Formfiled by One Reporting Person Formfiled by More than One Reporting Person							
		Table I -	Non-Derivati	ve Se	curit	ies Ad	quir	ed, D	ispo	osed of,	or B	eneficia	ally Owne	d				
1. Title of Security (Instr. 3)		2. Transactio Date (Month/Day/Y	Execution		on Date,	Coc	Transaction Code (Instr.		4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)			S, 4 Securities Beneficiall Owned		6. Ownership Form: Direct (D) or		7. Natu of India Benefic Owner	rect cial ship	
						Cod	de V	A	mount	(A) or (D)	Price	Following Reported Transaction(s (Instr. 3 and 4				(Instr.	4)	
Common	Stock		07/16/200)4			:	S		10,000	D	\$32.23	4,468,9	000	D			
Common	Stock		07/16/200)4			:	S		80,200	D	\$32.31	4,388,7	^{'00}	D			
				ts, ca		varran	ıts, o	ption	s, c	onvertik	ole se	curitie	s)			1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr 8)			tive ties ed	Expiration (e (Month/Da				de and unt of urities erlying vative urity r. 3 and	8. Price of Deriv ative Security (Instr. 5)	deriv Secu Bene Owne Follo Repo	ficially ed wing rted saction(s)	10. Owner Form: Direct (or India (I) (Inst	: ct (D) direct	11. Natu of Indire Benefici Owners (Instr. 4)
				Code	v	(A)		Date Exercisa	able	Expiration Date		Amount or Number of Shares						

Explanation of Responses:

07/19/2004 Frederic Dorwart

** Signature of Reporting Person Date

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

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.

 $^{^{\}ast}$ 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).