## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

OMB APPRO	VAL						
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* BLODNICK MICHAEL J					2. Issuer Name <b>and</b> Ticker or Trading Symbol GLACIER BANCORP INC [ GBCI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>DLOD.</u>	I VI CIV IVI	ICIMEL 5												X Directo	or		10% Ov	vner	
(Last) 49 COM	(F	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/07/2004									Officer (give title below)  President/C		Other (specify below)		
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
KALISP	ELL N	IT	59901											X Form	filed by One	Repo	orting Perso	n	
(City)	City) (State) (Zip)				-									Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deri\	/ative	Sec	uriti	ies Ac	quired,	Dis	posed c	of, or Be	neficia	lly Owne	t				
Date			2. Transa Date (Month/I		Execu ay/Year) if any		med on Date, Day/Yea	Transaction Disposed C		ties Acquired (A) or I Of (D) (Instr. 3, 4 a		Benefic Owned	es ially Following	Form	: Direct   (	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 01/07/					//2004	2004			M		7,988	A	\$17.0	)89 97	7,122		) <sup>(1)(2)</sup>		
		7	able II -								osed of			y Owned					
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	n Date, Tran Code		ansaction ode (Instr.		vative urities uired or oosed o) tr. 3, 4	6. Date Exercisabl Expiration Date (Month/Day/Year)		•	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	У	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Option	\$17.089	01/07/2004			M			7,988	01/27/200	01 (	01/27/2004	Common	7,988	\$17.089	0		D		
Option	\$12.395								01/26/200	02 (	01/26/2005	Common	3,207		3,207	$\exists$	D		
Option	\$12.328								01/31/200	03 (	01/31/2006	Common	3,108		6,315		D		
Option	\$15.909								11/20/200	03	11/20/2006	Common	5,500		11,815		D		
Option	\$19.9								01/30/200	04 (	01/30/2007	Common	2,915		14,730		D		
Outlan	#22.42C	1							04/00/00	<u>.                                     </u>	24 /20 /2000		2 200	1	40.000		ъ.	1	

## **Explanation of Responses:**

- 1. Includes 86,001 shares held jointly with Mr. Blodnick's wife and 11,121 shares held in Mr. Blodnick's Company profit sharing plan.
- 2. Mr. Blodnick also holds 1,760 shares as custodian for his children, 11,436 shares held in an IRA account for the benefit of Mr. Blodnick's wife, 39,530 shares owned by Mr. Blodnick's wife and 1,550 shares held in a family partnership.

## Remarks:

/s/ Michael J. Blodnick

01/09/2004 \*\* Signature of Reporting Person Date

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

- $^{\star}$  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.