

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL  
OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden  
hours per response. . . .0.5

1. Name and Address of Reporting Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
Galvin, Walter J.			Emerson Electric Co. — EMR		<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
(Last) (First) (Middle)			3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)	4. Statement for Month/Day/Year February 28, 2003		Executive Vice President - Finance and Chief Financial Officer
c/o Emerson Electric Co. 8000 W. Florissant				5. If Amendment, Date of Original (Month/Year)		
(Street)				7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		
St. Louis, Missouri 63136						
(City) (State) (Zip)			Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned			

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

(Over)  
SEC 1474 (9-02)

Table II – Derivative Securities Acquired, Disposed of, or Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

**Explanation of Responses:**

2/28/03

\*\* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

Harley M. Smith, Attorney-in-Fact  
for Walter J. Galvin  
\*\* Signature of Reporting Person

Date