FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPR | OVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | 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* MACKESY D SCOTT (Last) (First) (Middle) C/O WELSH, CARSON, ANDERSON AND STOWE | 2. Issuer Name and Ticker or Trading Symbol ALLIANCE DATA SYSTEMS CORP [ADS] 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2005 | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) | | | | | |
|--|---|------------------------------------|-------|--|---|-----------|-------------------------|----------|--|---|---|---|------------------|---|--|---|
| 320 PARK AVENUE, SUITE 2500 (Street) NEW YORK NY 10022 (City) (State) (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| Table I - No | n-Deriva | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, o | Ben | efic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 in 5) | | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Pric | e:e | Transa | ction(s) 3 and 4) | | (11150: 4) |
| Common Stock | 2005 | | | J ⁽¹⁾ | | 4,000,000 | | 0 D | | (1) | 12,160,349 | | I ⁽²⁾ | By Welsh, Carson, Anderson & Stowe VIII, L.P. | | |
| Common Stock | 2005 | | | | J ⁽¹⁾ 232 A | | | | (1) | 3,491 | | D | | | | |
| 1. Title of Derivative Security 1. Title of Derivative Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution (Month/Day/Year) General Security 3. Transaction Date (Month/Day/Year) Execution if any (Month/D | (e.g., purned 4 n Date, T | ts, Ca I. Transac Code (I | alls, | | mber ative rities ired osed | option | exercise on Date Day/Ye | onvertib | 7. T Ame Sec Und | tle and bunt of urities erlying vative urity (In 4) | ties | 8. Pi Deri Seci (Inst | vned | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) |

Explanation of Responses:

- 1. Distribution of shares by Welsh, Carson, Anderson & Stowe VIII, L.P. to its partners.
- 2. The Reporting Person is a managing member of the sole general partner of Welsh, Carson, Anderson & Stowe VIII, L.P. Pursuant to Instruction (4)(b)(iv) of Form 4, the Reporting Person has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by such entity. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his pecuniary interest therein and/or that are not actually distributed to him.

Remarks:

Jonathan M. Rather, Attorneyin-Fact

01/11/2005

** 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.