#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

#### 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* <u>TUCKER DWAYNE H</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLIANCE DATA SYSTEMS CORP ADS ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title V Other (specify					
(Last) (First) (Middle) 17655 WATERVIEW PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2005									- '	X Officer (give title X Other (specify below)  Executive Vice President / President  Transaction Services				
(Street)  DALLAS  (City)			75252-801 Zip)	2	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Included						
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or E	3ene	ficiall	y Own	ed			
Date				2. Transa Date (Month/I		ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr. 5)					Securi Benefi Owner	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership	
									Code	v	Amount	(A (D	) or )	Price		ted action(s) 3 and 4)		(Instr. 4)	
Common Stock				02/28	02/28/2005				S <sup>(1)</sup>		5,096	5	D	\$38.5	62,060 <sup>(2)</sup>		D		
		Та	ble II - D (e								sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execut curity or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Da	n Date, Transaction					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (Ir	Price of erivative ecurity estr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Num of Shar	.					

## **Explanation of Responses:**

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on February 11, 2005. The trading plan was established to sell up to 69,491 shares of the Company's common stock. Portions of the shares may be sold on specified dates or any time the stock achieves certain pre-arranged minimum prices and may take place beginning on February 14, 2005 and ending on April 14, 2005, unless sooner terminated. The Reporting Person will have no control over the timing of any sales under the plan and there can be no assurance that the shares covered by the plan actually will be sold. The Reporting Person entered into the plan for personal tax and financial planning purposes and will continue to have a significant ownership interest in the Company.
- 2. The total amount of securities beneficially owned includes: (a) 1,266 shares acquired through the Company employee stock purchase program; (b) 31,230 shares acquired by the exercising of vested employee stock options; (c) 5,893 shares of performance-based restricted stock granted 2/3/05, of which 0 shares are vested; (d) 5,893 shares of time-based restricted stock granted 2/3/05, of which 0 shares are vested; and (e) 17,778 shares of time-based restricted stock granted 2/3/05, of which 0 shares are vested.

# Remarks:

Leigh Ann K. Epperson, 03/02/2005 **Attorney in Fact** 

\*\* 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.