

FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Check this box if no longer
subject to Section 16. Form 4 or
Form 5 obligations may continue.

See Instruction 1(b). Form 3 Holdings
Reported Form 4 Transactions Reported

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

(Print or Type Responses)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1934 or Section 30(f) of the Investment Company Act of 1940

OMB APPROVAL

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol				6. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Riess (Last) Richard (First) Karl (Middle)			Raymond James Financial (RJF) Raymond James Financial (RJF)				<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Executive Vice President			
880 Carillon Parkway (Street)			3. IRS or Social Security Number of Reporting Person (Voluntary) Sept. 2002				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. Petersburg FL 33716 (City) (State) (ZIP)			4. Statement for Month/Year Sept. 2002							
			5. If Amendment Date of Original (Month/Year)							
Table I — Non Derivative Securities Acquired, Disposed of, or beneficially Owned										
1. Title of Security (Instr. 3) Raymond James Financial, Inc. (RJF)			2. Transaction Date (Month/ Day/ Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Amount	(A) or (D)	Price			
RJF Common Stock							13,845	D		
RJF Common Stock							24,199	I	ESOP	
NO UNREPORTED ACTIVITY										

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

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

FORM 5 (continued)

1. Title of Derivative Security (Instr. 3)	2. Conver- sion or Exercise Price of Deri- vative Security	3. Trans- action Date (Month/ Day/ Year)	4. Trans- action Code (Instr. 8)	5. Number or Deriv- ative Securities Ac- quired (A) or Dis- posed of (D) (Instr. 3, 4, and 5)	6. Date Exer- cisable and Expiration Date (Month/Day/ Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of deriv- Secur- ity (Instr. 5)	9. Number of deriv- ative Secur- ties Bene- ficially Owned at End of deriv- Month (Instr. 4)	10. Owner- ship Form of Security: Direct (D) or Indirect (I) Instr. 4)	11. Nature of Indirect Benefi- cial Owner- ship (Instr. 4)
						Date Exer- cisable	Expira- tion Date				
					(A)	(D)					
Employee Stock Option (Right to buy)					Current	1/18/2003	Common stock	6,300	22.1667		
Employee Stock Option (Right to buy)					11/18/2002	1/18/2005	Common stock	2,700	22.1667		
Employee Stock Option (Right to buy)					11/18/02- 11/18/04	1/18/2005	Common stock	500	20.6250		
Employee Stock Option (Right to buy)					11/18/02- 11/18/04	1/15/2005	Common stock	6,000	20.6250		
Employee Stock Option (Right to buy)					11/28/2004	1/28/2007	Common stock	4,100	32.0000		
Employee Stock Option (Right to buy)					11/28/04- 11/28/06	1/28/2007	Common stock	5,900	32.0000	25,500	D

Explanation of Responses:

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations,
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/S/ RICHARD RIESS

**Signature of Reporting Person

October 4, 2002

Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient.
see Instructions 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.