

# FORM 4

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

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

(Print or Type Responses)

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)	
<b>Marshall Paul William</b> (Last) (First) (Middle)			<b>Raymond James Financial (RJF)</b>		<input checked="" type="checkbox"/> Director _____ 10% Owner <input type="checkbox"/> Officer (give _____ Other (specify title below) below)	
<b>880 Carillon Parkway</b> (Street)			3. IRS or Social Security Number of Reporting Person (Voluntary)		4. Statement for Month/Day/Year <b>February 14, 2003</b>	
<b>St. Petersburg FL 33716</b> (City) (State) (ZIP)			5. If Amendment Date of Original (Month/Day/Year)		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	

Table I — Non Derivative Securities Acquired, Disposed of, or beneficially Owned

1. Title of Security (Instr. 3)	2. Trans- action Date  (Month/ Day/ Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Trans- action Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at Following Reported Transactions (Instr. 3 and 4)	6. Owner- ship Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Owner- ship  (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Raymond James Financial, Inc. (RJF)										
RJF Common Stock								3,375	D	

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).

#### OMB APPROVAL

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Table II — Derivative Securities Acquired, Disposed of, or Beneficially Owned

FORM 4 (continued)

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date  (Month/Day/Year)	3.A Deemed Execution Date if any (Month/Day/Year)	4. Transaction		5. Number or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Security (Instr. 3 and 4)		8. Price of derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned at End of deriv-Month (Instr. 4)	10. Ownership Form of Security Direct (D) or Indirect (I) Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code (Instr. 8)	V			Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Code	V	(A)	(D)												
Employee Stock Option (Right to buy)								2/12/2002	2/12/2004	Common Stock	1,500	18.6250			
Employee Stock Option (Right to buy)								2/11/2003	2/11/2005	Common Stock	1,500	18.44			
Employee Stock Option (Right to buy)								2/9/2004	2/9/2006	Common Stock	1,500	36.94			
Employee Stock Option (Right to buy)								2/15/2005	2/15/2007	Common Stock	1,500	33.07			
Employee Stock Option (Right to buy)	24.80	2/14/2003		M		1,500		2/14/2006	2/14/2008	Common Stock	1,500	24.80	7,500	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/PAUL W. MARSHALL  
\*\*Signature of Reporting Person

2/19/2003  
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.