CABLIK ANNA R Form 3 November 09, 2004 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> CABLIK ANNA R			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol BB&T CORP [(BBT)]				
(Last)	(First)	(Middle)	(Month/Day/Year) 11/01/2004	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
P O BOX 1250							× • •	
	(Street)			(Check all applicable)		ble)	6. Individual or Joint/Group	
WINSTON-SALEM, NC 271021250			_X_Director10% Owner OfficerOther (give title (specify below) below)		Other	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - No	n-Derivativ	e Secu	rities B	eneficially Owned	
1.Title of Security (Instr. 4)			2. Amount of Secur Beneficially Owned (Instr. 4)		ership : t (D) lirect	4. Nature Ownersh (Instr. 5)		
Common Stock			559.84]	D	Â		
Reminder: Report on owned directly or ind	•	e for each class	of securities beneficially	SEC 147	73 (7-02)			
·	information required to	n contained in	the collection of this form are not ss the form displays a rol number					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CABLIK ANNA R P O BOX 1250 WINSTON-SALEM, NC 271021250	ÂX	Â	Â	Â		
Signatures						
By: Parris N. Adams, Attorney -in - fact for:	1	1/09/2004				
**Signature of Reporting Person		Date				
Evelopetion of Deenen						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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. 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.