## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average bur	den								
-	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*  GREER MICHAEL TIMOTHY						2. Issuer Name <b>and</b> Ticker or Trading Symbol CATO CORP [ CTR ]										5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Ow				/ner
(Last)	(First) (Middle) OX 34216				3. Date of Earliest Transaction (Month/Day/Year) 11/17/2004										below)	Officer (give title below)  DIR OF ST		Other (s below) RES	респу	
(Street)	eet) HARLOTTE NC 282344216				4.	If Ame	endme	ent, Dat	e of O	riginal F	iled (	(Month/Da	Line	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(City)	(State) (Zip)												Form filed by More than One Reporting Person							
		Та	ble I - Nor	n-Deriv	/ativ	ve Se	curi	ities A	Acqu	ıired, I	Disp	osed o	of, o	r Bene	ficiall	y Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye		Year)	2A. Deemed Execution Date, if any (Month/Day/Year		ate,	Code (Instr.				(A) or 3, 4 and !	5) Securities Beneficia Owned Fe	neficially ned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
CLASS A COMMON STOCK				11/1	11/17/2004					M		600	0 A		\$12.2	3 60	600		D	
CLASS A COMMON STOCK 11/17					7/2004					M		4,000		A	\$20.2	4,600		D		
CLASS A COMMON STOCK			11/1	7/2004					S		4,600		D	\$25.4	5 (	)	D			
			Table II -									sed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	ate, T	ransa Code (	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		ate	sable and te		7. Title and Amo of Securities Underlying Deriv Security (Instr. 3 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owners Form: Direct ( or Indir	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exer	cisable	Ex Da	piration te	Title		Amount or Number of Shares					
Stock Option (Right to Buy)	\$12.28	11/17/2004		I	M <sup>(1)</sup>			600	11/0	1/2000 <sup>(1)</sup>	11	/01/2009	COM	ISS A IMON OCK	600	\$0	0		D	
Stock Option (Right to Buy)	\$20.2	11/17/2004		I	M <sup>(2)</sup>			4,000	02/04	4/2003 <sup>(2)</sup>	02	/04/2012	COM	ASS A IMON OCK	4,000	\$0	6,000	)	D	
Stock Option (Right to Buy)	\$9.59								02/24	4/2001 <sup>(3)</sup>	02	/24/2010	COM	ASS A IMON OCK	1,000		1,000	)	D	
Stock Option (Right to	\$21.29								02/0	1/2005 <sup>(4)</sup>	02	/01/2014	COM	ASS A IMON OCK	10,000		10,00	0	D	

## **Explanation of Responses:**

- 1. This option will vest in 5 equal annual increments beginning 11/01/2000.
- 2. This option will vest in 5 equal annual increments beginning 2/4/2003.
- 3. This option will vest in 5 equal increments beginning 2/24/2001
- 4. This option will vest in 5 equal annual increments beginning 2/1/2005.

## Remarks:

By: STUART L. USELTON. **POWER OF ATTORNEY** 

11/19/2004

\*\* 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.