ANDERSEN B B Form 4

January 31, 2005

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

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

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

ANDERSEN B B

1. Name and Address of Reporting Person \*

			CAPITOL FEDERAL FINANCIAL [CFFN]			(Check all applicable)					
(Last)	(First) NSAS AVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/28/2005			_X_ Directo Officer below)	or 10% Owner (give title Other (specify below)				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
ТОРЕКА,	KS 66603								Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Ta	ble I - Nor	-Deri	vativ	e Secu	ırities A	cquired, Dispos	ed of, or Ben	eficially Owned
1.Title of Security (Instr. 3) CFFN Common Stock	2. Transaction Date (Month/Day/Year)  01/28/2005	2A. Deeme Execution any (Month/Da	Date, if	3. Transacti Code (Instr. 8)	or(A) (Inst	or Dis			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
CFFN Common Stock									155	I	By Cust. For Granddaughter Three
CFFN Common Stock									184	I	By Cust. For Granddaughter Two
CFFN Common									45	I	By Cust. For Grandson Four

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CFFN Common Stock	235	I	By Cust. For Grandson One
CFFN Common Stock	184	I	By Cust. For Grandson Three
CFFN Common Stock	135	I	By Cust. For Grandson Two
CFFN Common Stock	1,250	I	By Spouse Cust. for Daughter

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (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)	saction Date 3A. Deemed  //Day/Year) Execution Date, if any (Month/Day/Year)		TransactionDerivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	An or No of	
CFFN Non-Qualified Stock Option (4-18-00)	\$ 9.22	01/28/2005		M	20,000	<u>(1)</u>	04/18/2015(1)	CFFN Common Stock	2	

# **Reporting Owners**

Reporting Owner Name / Address	Kelationships						
•	Director	10% Owner	Officer	Other			
ANDERSEN B B							
700 S KANSAS AVE	X						
TOPEKA, KS 66603							

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## **Signatures**

By: James D. Wempe attorney in fact

01/31/2005

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1) A total of 20,000 options vested on each of April 18, 2000, April 18, 2001, April 18, 2002, April 18, 2003 and April 18, 2004.

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.

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