FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-0104							
Estimated average burden							
hours per response:	0.5						

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 Add	dress of Reporting	Feison	2. Date of Event Requiring Statement (Month/Day/Year) 01/05/2004 3. Issuer Name and Ticker or Trading Symbol CHARTER COMMUNICATIONS INC /MO/ [CHTR]						₹]	
(Last) (First) (Middle) CHARTER COMMUNICATIONS, INC.					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
12405 POWE	RSCOURT DR	RIVE			X Officer (give title below)	Other (spe below)	ecify	6. Individual of Applicable Lin		t/Group Filing (Check
(Street) ST. LOUIS	MO	63131			EVP and	CFO			iled b	y One Reporting Person y More than One erson
(City)	(State)	(Zip)								
		T	able I - Non	-Derivat	tive Securities Benefici	ally Owned				
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
							()			
No securities b	oeneficially own	ned.			0		(1)			
No securities b	peneficially own				0 e Securities Beneficial ants, options, convertit	y Owned				
	peneficially own	(e. <u>ç</u>		isable and	e Securities Beneficial ants, options, convertib	y Owned le securities		cise Form:	•	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

Michael P. Huseby 01/05/2004

** 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 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.

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.