FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

37 Estimated average burden 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

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|--|---|--|--|---------|-------|--|-----------|-----------------------------|------------------|-----------------------------|---------------------|---|-----------------|----------------------|---|--------------------------------------|---|---|--|------------|--|--|
| 1. Name and Address of Reporting Person* GREEN MICHAEL B | | | | | | 2. Issuer Name and Ticker or Trading Symbol UNITIL CORP [UTL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| GREEL | N MICHA | LEL D | | | | | | | | | | | | | X | Direc | ctor | | 10% O | wner | | |
| (Last) (First) (Middle) 6 LIBERTY LANE WEST | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2003 | | | | | | | | | | Office | er (give title w) | | Other (below) | specify | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| HAMPTON NH 03842 | | | | | | | | | | | | | | | Λ | Form | orm filed by More than One Reporting | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | OII | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ur) E | A. Deemed execution Date, any month/Day/Year) | | Transaction Code (Instr. | | | | | | nd | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount (/ | | A) or D) | Price | Tra | | action(s) 3 and 4) | | | (111511.4) | | |
| Common | Stock, no p | ar value | | 12/16 | /2003 | | | | J ⁽¹⁾ | | 215 | | A | \$25 | .53 | | 711 | D | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | | | Exercis on Dat Day/Ye | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | vative durity S r. 5) E F F | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ires | | | | | | | | |

Explanation of Responses:

1. Shares were purchased on my behalf by Unitil Corporation and transferred into my name in connection with the stock portion of my annual Retainer Fee received as a Director of the Company.

/s/ Michael B. Green

12/17/2003

** 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.