## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	OMB Number: 3235-0287							
Estimated average burden								
hours per response:	0.5							

Instruction	1(b).			Filed							es Exchanç npany Act c		f 1934	1		Lilouis	perres		0.5
1. Name and Address of Reporting Person* <u>HEINE CHARLES F</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol  DANA CORP [ DCN ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Member: Strategic / Operating Committee				
(Last) (First) (Middle) P. O. BOX 1000					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2004														
(Street) TOLEDO (City)	OH (State		697 o)		4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Nor	-Deriv	ative	Secu	rities	s Acq	uired,	Dis	posed of	f, or B	ene	ficially	/ Owned				
Date						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securitie Disposed (5)					Securities Beneficia	Beneficially Dwned Following		: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or	Price	Transaction(c)			(111311. 4)	
Common				06/15	/2004				J <sup>(1)</sup>		301	1	A	\$ <del>1</del> 9	9 92,706.2236 D				
Common	Common 06/1				/2004 J <sup>(2)</sup> 63 A		\$1 <mark>9</mark>	92,769.2236			D								
		Ta									osed of, onvertib				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 Date, if any (Month/Day/Year)	n Date,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/D	n Dat	Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	0	lumber					

## **Explanation of Responses:**

\$19

Addl Compensation

Plan Phantom Units

- 1. Dividends on shares granted under Dana's Restricted Stock Plan. Exempt from Section 16(b) under Rule 16b-3.
- 2. Dividend equivalents credited on restricted stock units granted under Dana's Restricted Stock Plan. Exempt from Section 16(b) under Rule 16b-3.
- 3. Dividends on units credited under Dana's Additional Compensation Plan. Exempt from Section 16(b) under Rule 16b-3.
- 4. Units credited under Dana's Additional Compensation Plan do not have an exercise date. Participants are entitled to receive distributions of such units either in cash or stock, or in a combination of cash and stock, upon retirement or termination of employment.

(4)

(5)

5. Units credited under Dana's Additional Compensation Plan do not have an expiration date. Participants are entitled to receive distributions of such units either in cash or stock, or in a combination of cash and stock, upon retirement or termination of employment.

**Charles Heine** 

Common

06/17/2004

15,608

D

\*\* Signature of Reporting Person

98

\$19

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).

06/15/2004

\*\* 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.