APPROVAI	

OMB Number: 3235-0287 Expires: September 30, 1998 Estimated average burden hours per response.....0.5

FORM 4

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

U.S. SECURITIES AND EXCHANGE COMMISSION WASHINGTON, DC 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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
{Print or Type Responses)

ı. Name and	Address of I	Reporting Person	ı* 2. Issuer N	ame AND Tick	ker or	Trading	Symbol	6. R	elationship of			
Dean Howard M.		 Yellow C	Yellow Corporation (ye					to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(First)	(Middle)	3. I.R.S Identification Number of Reporting Person, if an entity (Voluntary)		tity		 	Officer (give title below) Officer (give title below) Other (specify below)				
1415 west	22nd Street		 	ry)		11/02						
	(Street)				5. 	If Amend Date of (Month/D	Origina	1 (ndividual or Jo Check Applicab Form Filed by O	le Line) ˙	· ·	
Oak Brook	IL	60523	i		i .	(1.0.1.2.1.7.2	ayr .ou.	/ - -	·	·		
(City) Jnited State	(State)	(Zip)							Form Filed by More than One Reporting Person 			
		TABLE I -	NON-DERIVATIVE	SECURITIES	ACQUI	RED, DISF	OSED OF	, OR BENEF	ICIALLY OWNED			
1. Title of (Instr. 3	,	2. Transaction Date (Month/Day/ Year)	2A. Deemed Execution Date, if any (Month/ Day/ Year)	3. Transac Code (Instr.	. 8) 	or Dis	ties Accepted to the control of the	f (D)	5. Amount of Securities Beneficially Owned Following Reported Transactions (Instr. 3 and 4)	ship Form: Direct (D) or Indirect	of Indirect Bene- ficial Owner- ship	
Common Stoc	ck \$1 nar		-	- 	, I I	-	 - ·	-	 	 !		
value per s		11/07/02 	-	M	<u> </u>	2,178 -	A	22.90 -	8,730 	 D 	 	
		 	-	 - 	 	ا ا- ا	 	-	 	 	 	
		1	1	_		-		-				
		 	-			' -		-		 	 	
		 	- -		 	 - -		-			 	
			-			' - - 	' 	- -	' 		 	
			-		 	' - 		- - -		' 	 	

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).

(0ver) SEC 1474 (9-02)

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.

```
FORM 4
  (CONTINUED)
  TABLE II -
  DERIVATIVE
  SECURITIES
   ACQUIRED,
DISPOSED OF, OR
 BENEFICIALLY
 OWNED (E.G.,
PUTS, CALLS,
   WARRANTS,
   OPTIONS,
  CONVERTIBLE
SECURITIES) - -
_____
_____
-----
 ----- 1.
Title of |2.
  Conver- |3.
Trans- |3A. |4.
Trans- |5.
Number of |6.
Date Exer- |7.
   Title and
   Amount |8.
     Price
 Derivative |
   sion or |
action | Deemed
   | action |
 Derivative |
 cisable and |
of Underlying |
of Security |
Exercise | Date
  |Execution|
    Code |
Securities Ac-
| Expiration |
 Securities |
Deriv- (Instr.
3) | Price of |
(Month/ | Date,
 if | (Instr.
8)| quired (A)
  or | Date |
 (Instr. 3 and
 4) | ative |
 Deriv- | Day/
|any | |
Disposed of
(D)|
(Month/Day/ | |
| | | | Date
----|Exer-
|tion | Title |
Number of | | |
| | Code |V |
Option | 22.90
| 11/07/02 | |
| M | | 2,178
```

```
|7/1/98
|01/02/03|
- 9. Number of
| 10. Ownership
  Form | 11.
   Nature of
Derivative | of
 Derivative |
   Indirect
 Securities |
  Security |
Beneficial
Beneficially |
Direct (D) or |
Ownership Owned
  Following
Indirect (I) |
(Instr. 4)
  Reported |
 (Instr. 4) |
Transaction(s)
```

```
---- | D | - -
8,712* | | - --
------|
| - -----
------
-----|----
----- | | -
| | - -----
Explanation of
Responses: The
  number of
shares subject
   to stock
  options and
 strike price
  reflects an
 adjustment to
the shares and
 strike price
 that occurred
 due to Yellow
 Corporation's
spin-off of SCS
Transportation,
Inc. /s/ Howard
   M. Dean
11/08/02 -----
-----
----- **
 Signature of
Reporting
Person** Date
** Intentional
 {\tt 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.
   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.
```