FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF (| CHANGES | IN | BENEFIC | JAL |
|-----------|------|---------|----|---------|-----|
| | | | | | |

| | APPROVAL |
|---|---------------|
| | er: 3235-0287 |
| l | erage burden |
| | sponse: 0.5 |
| | rerage burden |

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 Address of Reporting Person* <u>LIEBERMAN GERALD M</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLIANCE CAPITAL MANAGEMENT HOLDING LP [AC] | | | | | | | | Check all ap Dire | plicable) | | % Owner | | |
|---|---|----|---|---|--|---|---------|-------------------|--|------|---|---|--|---|---|---|--|-----------------------------|
| ALLIAN | RK R. MAI CE CAPIT | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/04/2003 | | | | | | | | | A belo | w) `` | | ner (specify ow) f GP |
| CORPORATION (Street) NEW YORK NY 10105 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 04/04/2003 | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | | Zip) e I - Non | n-Deriv | ative | Sec | curitie | es Acc | nuired | Disi | nosed o | of or | Rene | ficia | ally Own | ed | | |
| Date | | | 2. Trans | action 2A. Deeme Execution Day/Year) if any | | Deemed 3. | | action (Instr. | 4. Securities Acquired (Disposed Of (D) (Instr. 3 5) | | (A) or | 5. Am Secui Benet Owne Repo | ount of ities icially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | | |
| Units rep. assign. of beneficial ownership of l.p. interests ⁽¹⁾ | | | | | 14/2003 | | | | Code A ⁽²⁾ | v | 8,940 | 8,940 (d) | | Price | (Instr. | action(s) 3 and 4) 1,731 ⁽³⁾ | D | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owned | | , | , |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersi Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | |

Explanation of Responses:

- 1. Units representing assignments of beneficial ownership of limited partnership interests in Alliance Capital Management Holding L. P. ("Holding Units").
- 2. Reporting Person was awarded 8,940 restricted Holding Units under the Amended and Restated Alliance Partners Compensation Plan. The award vests in equal annual increments on each of January 31, 2004, 2005, 2006 and 2007 and will be paid to Reporting Person as vesting occurs, unless Reporting Person has deferred payment.
- 3. Total has been amended to correct a clerical error.

Remarks:

04/02/2004 /s/ Adam Spilka, by pwr. att'y

** Signature of Reporting Person Date

OWNERSHIP

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.