FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* FERGUSON SYDNEY MCNIFF | | | | | | 2. Issuer Name and Ticker or Trading Symbol USEC INC [USU] | | | | | | | | | Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own | | | | |
|--|--|--|---------------|--------------------------------|---------|--|---------|-----|--------------------------|--|-----------------|-------------------------|---|---|--|---|--|--|---|
| (Last) 6903 RC | (Fi | , | Middle) | | 08/0 | 5/20 | 003 | | saction (Month/Day/Year) | | | | | | Office below | er (give title v) Senior Vice P | | Other (specify below) | |
| (Street) BETHES (City) | | | 20817 Zip) | | 4. If A | . If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - N | lon-Deriv | ative S | Sec | urities | Ac | quired, [| Disp | osed o | of, or E | enefi | iciall | y Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | · · | Execution Date, | | | Transaction Dispos | | | rities Acc ed Of (D) | | | 5. Amo Securit Benefic Owned Follow | ies cially | Forr (D) o Indi | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amoun | t (A) or (D) | | rice | Report Transa | | (IIIS | ur. 4) | (111517. 4) |
| Common Stock 08/07/20 | | | | | | 003 | | | F | | 900 D | |) | \$7.04 | 9,9 | 943(1) | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, (Day/Year) | | ransaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration ate | Title | Amo or Num of Shar | ber | | | | | |
| Stock Option Right to Buy | \$7 | 08/06/2003 | | | A | | 75,428 | | (2) | 08 | 3/06/2013 | Common Stock | 75,4 | 428 | \$7 | 75,428 | | D | |

${\bf Explanation\ of\ Responses:}$

- $1. \ Includes \ 8,710 \ restricted \ shares \ is sued \ pursuant \ to \ the \ Company's \ Equity \ Incentive \ Plan.$
- 2. The options vest in 3 equal annual installments beginning on August 6, 2004.

Remarks:

<u>Timothy B. Hansen, Attorney</u> <u>08/08/2003</u> in Fact

** 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.