PHELPS TOM M Form 4 January 08, 2003

| FORM | 4 |
|------|---|

| 1 | Check this box if no longer subject |
|---|-------------------------------------|
| , | to Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | instruction 1(b). |
| | instruction i(b). |
| |] |

| OMB | APPROVAL | | |
|--------------|------------|------|-------|
| OMB Number: | | 3235 | -0287 |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 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(f) of the Investment Company Act of 1940

(Print or Type Responses)

|X| Director

| 1. | Name and Address | of Reporting 1 | Person* | | | | |
|----|--|----------------|----------------|------------------------|----------|--|--|
| | | PHI | ELPS, TOM M. | | | | |
| | st) | | (First) | | (Middle) | | |
| | | 2324 COUI | NTRY MEADOWS D | RIVE | | | |
| | | (: | Street) | | | | |
| | CLOVIS | | NM | 88101 | | | |
| | (City) | | (State) | (Zip) | | | |
| | | | | | | | |
| 2. | Issuer Name and T | icker or Trad | ing Symbol | | | | |
| | ALAMOSA HOLDINGS, | INC. | | APS | | | |
| 3. | I.R.S. Identifica | tion Number o | f Reporting Pe | rson, If An Entity (Vo | luntary) | | |
| | | | | | | | |
| 4. | Statement for Month/Day/Year | | | | | | |
| | 01/06/03 | | | | | | |
| 5. | If Amendment, Dat | e of Original | (Month/Day/Ye | ar) | | | |
| | | | | | | | |
| 6. | Relationship of R (Check all applic | | on(s) to Issue | r | | | |

|_| 10% Owner

| | | | | Lagar i iii ig. i i | ILLI O I OW | 101 1 01111 1 | | | | |
|------|----------------|------------|----------|--|--------------|---------------|-----|--|-----------|---------------------------|
| | _ | Officer | give | title below) | 1_ | Other (sp | eci | fy below) | | |
| | | | | | | | | | - | |
| 7. | Indi | vidual o | or Joint | :/Group Filing | (Check appli | icable line) | | | | |
| | X _ | | | One Reporting More than One | | erson | | | | |
| | | | | | | | | | | |
| ==== | ==== | TABLE | I NC | N-DERIVATIVE S | | CQUIRED, DIS | | ED OF, | | |
| ==== | | ====== | -===== | | | | | | | |
| | | | | | | | | 4. Securities Acqu Disposed of (D) (Instr. 3, 4 an | d 5) | 5 Ar Se Or Fo |
| 1. | | | | Date | Date, if any | (Instr. 8 |) | | (A) | Re Ti |
| | e of tr. 3 | Security) | 7 | (Month/ Day/Year) | (Month/ | | | Amount | or (D) | (] ar |
| | | | | | | | | | | |
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| owne | d dir the F | ectly or | indire | eparate line fo ectly. 7 more than one | | | | | | |

Page 1 of 2

FORM 4 (CONTINUED)

(Over)

SEC 1474 (7-96)

TABLE II -- DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED (E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

| | | 3. | Execut- | | Acquired (A) | 6. Date Exercisable and Expiration Date | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|--------------------------------------|--------------|---------|-----------------|-----------------|----------------------|---|--------------|---|------------------------|
| 1. Title of | of Deriv- | | Date, if any | Code (Instr. | of (D) (Instr. 3, | (Month/D | ay/Year) | | Amount or |
| Derivative Security (Instr. 3) | Secur- | Day/ | Day/ | | 4 and 5) (A) (D) | | | Title | Number of Shares |
| Employee Stock Option (right to buy) | | 2/28/01 | | А | 5,714 | 2/28/01 | 2/28/11 | Common Stock | 5 , 714 |
| Employee | | | | | · | | | | , |
| Stock Option (right to buy) | | 1/6/03 | | A | 19 , 474 | 1/6/03 | 1/6/13 | Common Stock | 19 , 474 |
| | | | | | | | | | |
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Explanation of Responses:

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

/s/ Tom M. Phelps 1/6/03

Name: Tom M. Phelps Date

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

**Signature of Reporting Person

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.

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