FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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							
1. Name ar		2. Issuer Name <b>and</b> Ticker or Trading Symbol GENESCO INC [ GCO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner										
01000											Office				·						
,			1										below)	r (give title		Other (s	specily				
(Last)	(F	irst)		3. Date of Earliest Transaction (Month/Day/Year)									· · · · · · · · ·		& G	en Counse	.				
<b>GENES</b>	O INC.		100/	06/01/2004									V 1,	occiciary	a di	.ii Counse	.1				
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11101111	711111111111111111111111111111111111111	4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Chroat)						i,									Line)						
(Street)	ore m	NT.	27217													X Form filed by One Reporting Person					
NASHVILLE TN 37217															Form filed by More than One Reporting						
					-										Perso	n ´		·			
(City)	(S	tate)	(Zip)																		
		Tab	le I - Nor	n-Deriv	/ative	Sec	curitie	es Ac	quired,	Dis	osed	of, or B	enefi	cially	/ Owne	d					
1. Title of Security (Instr. 3) 2. Transac							A. Dee	med	3.	3. 4. Securities Acquired (A					5. Amou	ınt of	6. Ov	nership	7. Nature		
Date						6	Execution Date, if any (Month/Day/Year)		e, Trans	Transaction Dispose Code (Instr. 5)		ed Of (D) (I	nstr. 3,	4 and	Securiti	ially Following (led	Form	: Direct	of Indirect Beneficial Ownership (Instr. 4)		
(																					
									` <del> </del>			(4)	(A) or		Reporte Transac		```				
					Code	l۷	Amount	t (A)	"   P	rice	(Instr. 3	and 4)									
Common	1/2004	2004		A		800	) A		\$5	5	800		D								
Common	JUCK		1/200	2004		- 1	_	000	1		Ψυ	000			ь						
Common Stock 06/01/							2004		G		800	) [	)	\$ <mark>0</mark>	0			D			
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		'	able II - I									, or Ber ible sec			Ownea						
1. Title of	2.	3. Transaction	3A. Deeme	<u>, , , , , , , , , , , , , , , , , , , </u>	4.		,   E Nu	ımber	6. Date Ex	orcica	ble and	7. Title ar	nd.	Ť	3. Price of	9. Number	of	10.	11. Nature		
Derivative	Conversion	n Date	Execution	Date,	Transa		n of Ex		Expiration Date			Amount	of	0	Derivative	derivative		Ownership	of Indirect		
Security (Instr. 3)	or Exercise Price of		if any (Month/Day		Code ( 8)	Instr.			(Month/Da	y/Year	)	Securities Underlying			Security Instr. 5)	Securities Beneficial		Form: Direct (D)	Beneficial Ownership		
(IIISII. 3)	Derivative			yrrear)	0)							Derivativ			iiisii. 5)	Owned		or Indirect	(Instr. 4)		
	Security											(Instr. 3 a	nd 4)	1		Following		(I) (Instr. 4)			
						of (D) (Instr. 3, 4 and 5)									Reported Transactio						
															(Instr. 4)	``	·				
			F	$\vdash$		allu 5)						Τ.									
													Amo or	unt							
										_			Num	ber							
					Code	v	(A)	(D)	Date Exercisab		cpiration ate	Title	of Shar	es							
Common	<b>.</b>	06/04/0004						<del>                                     </del>	00/08/000		10 E 10 0 C C	Common			•=	2.0=2		Б.			
Stools	\$5	06/01/2004	I		M	1	800	ıl	02/27/200	U   U2	2/27/2006	Creele	80	IU	\$5	2,950		D	1		

Explanation of Responses:

Remarks:

Roger G. Sisson

06/03/2004

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.