FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------|-----------|--|--|--|--|--|--|
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Estimated average burden hours per 0.5 response

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. Name and Address of Reporting Person* WEAVER ROBERT H | | | | | 2. Issuer Name and Ticker or Trading Symbol PEOPLES HOLDING CO [PHC] | | | | | | | | | | | ationship of all applica Director | , | | | | | |
| (Last) | (F | irst) | (Middle) | • | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2003 | | | | | | | | | | 71 | | give title | | Other (s | · | | |
| (Street) | | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicabl Line) | | | | |
| (Oli CCI) | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | | | | | |
| (City) | (S | tate) | (Zip) | , | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | ting | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution D | | | ion Da | , | 3. Transact Code (In 8) | saction Disposed | | es Acquire Of (D) (Inst | | and Securitie Beneficia Owned F | | s Ily | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | Pri | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| | 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) | 3A. Deemed Execution Day if any (Month/Day/ | ate, Tra | Transaction Code (Instr. | | 5. Num of Derive Secun Acqui (A) or Dispo of (D) (Instr. | ative rities ired sed | Expi | ate Exerci iration Da nth/Day/Yo | te | le and 7. Title and Amount of Securities Underlying Derivative (Instr. 3 and | | of s ng e Secu | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Co | de V | v | (A) | (D) | Date Exe | e rcisable | Ex Da | piration te | Title | Amo or Nun of Sha | | | | | | | | |
| Phantom Stock | 42.25 ⁽³⁾ | 06/30/2003 | | A | 1 | | 35.5 | | 08/0 | 08/1988 ⁽¹⁾ | 08 | /08/1988 ⁽¹⁾ | Common Stock | 35 | 5.5 | \$42.25 ⁽²⁾ | 225.0 | 7 | D | | | |

Explanation of Responses:

- 1. The stock units are to be settled 100% in common stock upon the reporting person's normal retirement or upon approved request for hardship reasons.
- 2. The phantom stock units were accrued under the pHC deferred compensation plan.
- 3. The conversion or exercise price is one for one.

Robert H. Weaver

07/01/2003

** 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.