UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESM

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(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB 3235-0104 Number:

December 31,

Expires:

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1. Name and Address of Reporting Person* O Keefe Carolyn P		2. Date of Event Requiring Statement (Month/Day/Year) 09/10/2004	Issuer Name and Ticker or Trading Symbol IHOP CORP [IHP]				
			4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Last) (First) 450 N. BRAND BLVD.	(Middle)		(Check all :	applicable) Director Officer (give	10% Owner Other (specify below) Officer	6. Individual or Joint/Group Filin (Check Applicable Line) Form filed by One	
(Street) GLENDALE CA	91203			title below) Chief Marketing		Reporting Person Form filed by More than One Reporting Person	
(City) (State)	(Zip)						

Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)	2. Amount of Securities Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exercisa Expiratio (Month/D	n Date	3. Title and Amount Securities Underly Derivative Security 4)	ing		l .	6. Nature of Indirect Beneficial Ownership		
	Date Exercisable	Expiration Date	Title	Amount or Number of SharesM	Price of Derivative Security	or Indirect (I) (Instr. 5)	(Instr. 5)		

Explanation of Responses:

No securities are beneficially owned

Carolyn P O Keefe

09/10/2004

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5(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.