FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvaoriingtori,	D.O.	200-0	

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

						,			' '							
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol CALLAWAY GOLF CO /CA [ELY]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
PENICKA ROBERT A					CALLAWAI GOLI CO/CA [ELI]							Director	r	10% O	wner	
-									/D //)			Officer (below)	(give title	Other (below)	specify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/29/2004							,	Senior Exec	,		
2180 RUTHERFORD ROAD					1/23/2	.004						<u>.</u>	beilioi Exec	Luuve vr		
						A 16 Assessment Parts of Original Filed (Marsh/Parch/sar)						C. Individual or Joint/Crown Filing (Charl, Arribation				
(Street)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
CARLSI	BAD C.	A	92008		X Form filed by One Reportin						Reporting Perso	n				
											Form filed by More than One Reporting					
(City) (State) (Zip)		(Zip)									Person					
(=-5)			(
		Та	ble I - Non-D	Perivati	ve Se	ecurities	s Ac	quired, D	isposed o	of, or Be	neficially	Owned				
1. Title of Security (Instr. 3) 2. Transa								3.				5. Amour		. Ownership	7. Nature of	
Da					Execution Date, Day/Year) if any		Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr.			str. 3, 4 and 5	Beneficially		Form: Direct (D) or Indirect	Indirect Beneficial		
					(Month/Day/Year)			ır) 8) `				Owned Fe		l) (Instr. 4)	Ownership (Instr. 4)	
								Code V	Amount	(A) o (D)	r Price	Transacti (Instr. 3 a	on(s)		(1113411 4)	
					ļ					(0)		(IIISII. 3 a	iiu 4)			
			Table II - De					•	•	•	•	Owned				
			(e.	g., puts	s, call	ls, warr	ants	, options,	converti	ble secu	ırities)					
1. Title of	2.	3. Transaction	3A. Deemed Execution Date, if any (Month/Day/Year)	4.						7. Title an		8. Price of	9. Number o		11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)		Code (Instr.				Expiration Day/\		of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	derivative Securities Beneficially Owned	Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative								•			(Instr. 5)		Direct (D)	Ownership (Instr. 4)	
Security					of (D) (Instr.		(msa. s and 4)			iu -i ,		Following Reported	(I) (Instr. 4			
				3, 4 and 5)							Transaction(s)	n(s)				
											Amount or		(Instr. 4)			
				Code	l,	(A)	(D)	Date Exercisable	Expiration Date	Title	Number of Shares					
				Code	ŀ	(^)	(0)	LACICISABIC	Date	Title	Or Shares	ļ		_	+	
Non- Qualified																
Stock Option	\$11.89	11/29/2004		A		100,000		(1)	11/29/2014	Common Stock	100,000	\$0.00	100,000	D		
(right to				1						Stock						
buy)			1	1	1	1			I	1	I	I	I			

Explanation of Responses:

 $1.\ This\ stock\ option\ is\ scheduled\ to\ vest\ as\ follows:\ 33,334\ shares\ on\ 11/29/05;\ 33,333\ shares\ on\ 11/29/06;\ and\ 33,333\ shares\ on\ 11/29/07.$

Remarks:

Brian P. Lynch Attorney-in-Fact for Robert A. Penicka under a Limited Power of Attorney dated August 22, 2002

** 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.