FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF C | CHANGES | IN BENE | FICIAL | OWNERS | HIP |
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| 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).

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* NOVAK DAVID C | | | | | 2. Issuer Name and Ticker or Trading Symbol J P MORGAN CHASE & CO [JPM] | | | | | | | | | | all app Direc | onship of Reporting Po all applicable) Director Officer (give title below) | | 10% Owner | | |
|---|--|---------------|----------|---|---|--|--|--------|------------------|---|--------------------|-----------------------|---|---|---|--|-----------------|--|--|--|
| (Last) (First) (Middle) JPMORGAN CHASE & CO. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2010 | | | | | | | | | | | | | Other (specify below) | | |
| 270 PARK AVENUE | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) NEW YO | ORK N | NY 10017-2070 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (. | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | d, Dis | sposed o | f, or | Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | and 5) Sec | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | Code | v | Amount | (/ (I | A) or D) | Price | Tran | | ction(s) 3 and 4) | | | (1130.4) | | |
| Common Stock 03/31/2 | | | | | 2010 | | | | A ⁽¹⁾ | | 502.793 | 3 | A | \$44. | 344.75 101,380.2084 | | D | | | |
| | 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) | Derivative Conversion Date Execution Gecurity or Exercise (Month/Day/Year) if any | | n Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ion Da | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Director Inc (I) (In: | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Nu of | mber | | | | | | |

Explanation of Responses:

1. Deferral of quarterly retainer, payable in common stock following termination of service as director.

Remarks:

/s/ Anthony Horan under POA 04/02/2010

** 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.