FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPI	ROVAL						
OMB Number: 3235-0104							
Estimated average burden							
hours per response:	0.5						

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 Reporti <u>Chandler Kenneth W</u>	Date of Event Requiring Staten Month/Day/Year 1/16/2004	nent (	3. Issuer Name <b>and</b> Ticker or Trading Symbol SMITH & WESSON HOLDING CORP [ SWB ]							
(Last) (First) 2100 ROOSEVELT AVEN	(Middle)			Relationship of Reporting Perso (Check all applicable)     Director		10% Owner Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person		
(Street) SPRINGFIELD MA 01104				X	Officer (give title below)  Vice President Ope					
(City) (State)	(Zip)									
	Т	able I - Non	-Derivati	ive Se	curities Beneficiall	y Owned				
1. Title of Security (Instr. 4)						3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Security (Instr. 4)					nt of Securities Illy Owned (Instr. 4)	Form: Direct or Indirect (	t (D) (			Beneficial Ownership
Common Stock						Form: Direct or Indirect (	t (D) (			Beneficial Ownership
	(e.ç		Be Derivative	eneficia e Secu	lly Owned (Instr. 4)	Form: Direct or Indirect ((Instr. 5)	et (D) (			Beneficial Ownership
			perivative s, warrar	eneficia e Secu nts, op	olly Owned (Instr. 4)	Form: Direct or Indirect ((Instr. 5)  D  Owned securities ties	et (D) (	sion cise		6. Nature of Indirect Beneficial Ownership (Instr. 5)

**Explanation of Responses:** 

Remarks:

Kenneth W. Chandler 11/18/2004

\*\* Signature of Reporting Person Dat

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).