# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

				or Se	ection	30(h) o	f the In	vestme	nt Co	mpany Act of	f 1940							
1. Name and Address of Reporting Person*  WESTAR INDUSTRIES INC					2. Issuer Name and Ticker or Trading Symbol PROTECTION ONE INC [ POIX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title X Other (specify below)  Former 10% holder *					
(Last) (First) (Middle) 818 S. KANSAS AVE.				3. Date of Earliest Transaction (Month/Day/Year) 02/17/2004														
(Street) TOPEKA KS 6661			6612	4. If <i>i</i>	Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting							
(City) (State) (Zip)													71	Perso	on			
		Table	I - Non-Deriva	tive S	Secu	ırities	Acq	uired	, Dis	posed of	, or B	enefi	icially	Own	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Exec if an	2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or D Of (D) (Instr. 3, 4 and 5)			) or Dis	Securit Benefic Owned Followi		ities icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amo	ount	(A) or (D) Price		1		ted action(s) 3 and 4)			
Common Stock, Par Value \$.01 Per Share			02/17/2004				S <sup>(1)</sup>		85,	291,497 <sup>(1)</sup>	D	\$0.0	0199 <sup>(2)</sup> 78		3,400 <sup>(3)</sup>	D		
		Tal	ble II - Derivativ (e.g., pu							osed of, c				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rative rities ired r osed )	<b>Expirat</b>	tion D	Exercisable and ion Date (Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)		Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					
		Reporting Person*  JSTRIES INC	2															
(Last) 818 S. K	ANSAS AV	(First) /E.	(Middle)															
(Street) TOPEKA KS		66612																
(City)		(State)	(Zip)															
		Reporting Person*	<u>5</u>															
(Last) (First) 818 S. KANSAS AVE.			(Middle)															
(Street)					-													

#### **Explanation of Responses:**

1. The shares sold were held directly by Westar Industries, Inc. and indirectly by Westar Energy, Inc.

66612

(Zip)

- $2. \ The \ price \ per \ share \ has \ been \ rounded \ (the \ aggregate \ purchase \ price \ for \ the \ stock \ was \ \$1,700,000).$
- 3. The balance of the remaining shares are held directly by Westar Energy, Inc.

KS

(State)

# Remarks:

**TOPEKA** 

(City)

\* Westar Industries, Inc., the holder of the majority of the securities referenced herein, is a wholly owned subsidiary of Westar Energy, Inc.

Larry D. Irick, VP, General Counsel & Corporate Secretary of Westar Energy,

\*\* Signature of Reporting Person

02/18/2004

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.