FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-------------------|--|--|--|--|--|--|
| OMB Number: | lumber: 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

| MCCALLION MICHAEL (Mo | | | . Date of Event equiring Staten Month/Day/Year | nent | 3. Issuer Name and Ticker or Trading Symbol NYMEX HOLDINGS INC [NYMEX] | | | | | | | |
|--|---------|---------------------|--|--|--|--|-----------------------------------|--|---|---|--------------------------|--|
| (Last) | (First) | (Middle) | 3/16/2004 | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| (Street) | | | | | X | Officer (give title below) | 10% Owner Other (spe below) | cify 6. In | | Individual or Joint/Group Filing (Check oplicable Line) X Form filed by One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | | | Form filed by Reporting Po | y More than One erson | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | ally Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock of NYMEX Holdings, Inc. | | | | | | 1 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable at Expiration Date (Month/Day/Year) | | | ate | nd 3. Title and Amount of Securitiv Underlying Derivative Security | | y (Instr. 4) Conve | | rsion rcise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | Date Exercisable | Expiration Date | Title | | Amount or Number of Shares | Security | | Direct (D) or Indirect (I) (Instr. 5) | | | |

Explanation of Responses:

/s/ Michael McCallion

03/18/2004

** Signature of Reporting Person

Date

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

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.

^{*} 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).