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 OMB Number: 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

| Name and Address of Reporting Person* PEPSICO INC | | | | | | 2. Issuer Name and Ticker or Trading Symbol PEPSI BOTTLING GROUP INC [PBG] | | | | | | | | | heck all app Direc | licable) tor | | Owner | |
|---|---|--|--|--|---|--|---|--|---|------------------|--|---|---------------------|--------------|--|---|--|--|--|
| (Last) (First) (Middle) 700 ANDERSON HILL ROAD700 ANDERSON HILL | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2005 | | | | | | | | | belov | | belo | , | | |
| (Street) PURCHASE NY 10577 (City) (State) (Zip) | | | | | - 4. If | 4. 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 | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | curitie | s Acq | uired, | Dis | posed o | f, or | Bene | ficia | lly Owne | d | | | |
| D | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Benefic | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | () () | A) or D) | Price | Transa (Instr. 3 | ction(s) | | (1130.4) | | | |
| Common Stock, par value \$.01 per share 03/16. | | | | | | | | | S | | 41,000 |) | D | (1) | 104,1 | 62,858(2) | D | | |
| Common Stock, par value \$.01 per share 03/17 | | | | | 7/2005 | | | | S | | 26,000 |) | D | (3) | 104,136,858(2) | | D | | |
| Common Stock, par value \$.01 per share 03/18/ | | | | | /2005 | | | | S | | 25,500 | 25,500 D | | (4) | 4) 104,111,358 | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | ransaction code (Instr.) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | on Dat Day/Ye | ear) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 unt | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | \ , | _(A) | | Date Exercise | | Expiration | Title | Of Shar | . | | | | | |

Explanation of Responses:

- 1. The shares with respect to this transaction were sold at prices ranging from \$27.77 to \$28.07.
- 2. All sales listed on this Form 4 were made by PepsiCo, Inc. on behalf of its affiliates pursuant to a plan, adopted February 7, 20 05, which is intended to comply with Rule 10b5-1(c).
- 3. The shares with respect to this transaction were sold at prices ranging from \$27.77 to \$28.13.
- 4. The shares with respect to this transaction were sold at prices ranging from \$27.72 to \$28.29.

Remarks:

Robert E. Cox, Vice President 03/18/2005

** 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.