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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
Expires:	January 31, 2005
Estimated average burden hours per response...	0.5

(Print or Type Responses)

1. Name and Address of Reporting Person * ARONSON LOUIS V II		2. Issuer Name and Ticker or Trading Symbol RONSON CORP [RONC]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		<input checked="" type="checkbox"/> _X_ Director
RONSON CORP. P.O. BOX 6707			04/15/2004		<input type="checkbox"/> _X_ 10% Owner
(Street)			4. If Amendment, Date Original Filed (Month/Day/Year)		<input type="checkbox"/> _X_ Officer (give title below)
SOMERSET NJ 08875					President & CEO
(City)	(State)	(Zip)	6. Individual or Joint/Group Filing (Check Applicable Line)		
			<input checked="" type="checkbox"/> _X_ Form Filed by One Reporting Person		
			<input type="checkbox"/> Form Filed by More than One Reporting Person		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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
Common Stock	04/15/2004		J		52,804	A	0	1,108,895	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)	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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Ronson Corporation 1996 Incentive Stock Option Plan	\$2.3047	04/15/2004		J		413		06/07/2001	12/07/2004	Common Stock	8,682	0	8,682	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ARONSON LOUIS V II RONSON CORP. P.O. BOX 6707 SOMERSET NJ 08875	X	X	President & CEO	

Signatures

/s/ Louis V. Aronson

04/16/2004

**Signature of Reporting Person

Date

Explanation of Responses:

Remarks:

The additional shares under option and the price adjustment are the result of a 5% stock dividend on Ronson Common Stock, distributed by the issuer on April 15, 2004.

Includes 13,545 shares in the names of Mr. Aronson's family members and 26,875 shares in the Louis V. Aronson II Irrevocable Insurance Trust.

The shares acquired are the result of a 5% stock dividend on Ronson Common Stock, distributed by the issuer on April 15, 2004.

* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.