FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
houre per recognese:	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 Reporting Person* <u>HOLIDAY BRADLEY J</u>						2. Issuer Name and Ticker or Trading Symbol CALLAWAY GOLF CO /CA [ELY]								heck all appli	or		10% Ow	ner	
(Last) 2180 RU	(F THERFOR	irst)		3. Date of Earliest Transaction (Month/Day/Year) 01/27/2006								helow)	cer (give title ow) enior Executive V		Other (specify below) TP & CFO				
(Street) CARLSI (City)	SBAD CA 92008 (State) (Zip)						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					
		Tak	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed c	of, or Be	neficia	lly Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		cution Date,		Transaction Disposed Code (Instr. 5)		ties Acquire I Of (D) (Ins		Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) o	r Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 01/27/					7/200	2006		A		10,173	10,173 ⁽¹⁾ A		00 12,	,963 ⁽²⁾		D			
		-	Table II -									or Bend ble secu		y Owned			<u> </u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		of Secu ur) Underly		g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to	\$15.04	01/27/2006			A	V	31,677		(3)	(01/27/2016	Common Stock	31,677	\$0.00	31,67	7	D		

Explanation of Responses

- 1. Until vested, these shares are subject to (i) certain restrictions on transfer and (ii) forfeiture if the reporting person ceases to be an employee of the Company. These shares are scheduled to vest on January 27, 2009, subject to accelerated vesting upon certain change in control events and subject to accelerated vesting upon certain termination of employment events.
- 2. The increase in shares held by the reporting person since such holdings were last reported reflects (i) the acquisition of 2,790 shares acquired in exempt transactions through dividend reinvestment and the Company?s employee stock purchase plan and (ii) the acquisition of 10,173 restricted shares through the transaction described in table 1.
- $3.\ This\ stock\ option\ is\ scheduled\ to\ vest\ as\ follows:\ 10,559\ shares\ on\ 01/27/2007;\ 10,559\ shares\ on\ 01/27/2008;\ and\ 10,559\ shares\ on\ 01/27/2009.$

Remarks:

Brian P. Lynch Attorney-in-Fact for Bradley J. Holiday under a Limited Power of Attorney dated August 22, 2002

01/31/2006

** 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.