### Edgar Filing: AMEREN CORP - Form 4

AMEREN CO	DRP										
Form 4											
January 05, 20	)17										
<b>FORM</b>	4									PPROVAL	
	UNITE	ED STATES		ITIES Al hington, 1			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this									Expires:	January 31,	
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFIC				CIAL OWNERSHIP OF				· 2005 ed average		
Section 16		SECURITIES						burden hours per			
Form 4 or Form 5	Eile d		Castian 16	(a) = f + b = a	C	<b>F</b> -	<b>1.</b>	A -t -f 1024	response	0.5	
obligations		<b>^</b>					-	ge Act of 1934, of 1935 or Sectio	m		
may contir	iue.		of the Inv	•	•	- ·			/11		
See Instruc 1(b).	tion	50(11)	or the my	estinent (	compun.	, 1100	01 17	10			
-(-).											
(Print or Type Re	esponses)										
	1 15	*								<i>.</i>	
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name and T Wilson Stephen P								5. Relationship of Issuer	p of Reporting Person(s) to		
Wilson Stephen R			Symbol AMEREN CORP [AEE]								
							(Cheo	(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction					V D'	100		
1901 CHOU	FALLAVE	PO BOX	(Month/Da 01/03/20	-				X_ Director Officer (give		6 Owner er (specify	
66149, M/C		,1.0.001	01/05/20	/1/				below)	below)		
	(Street)		4 If Amer	dment Dat	e Original			6 Individual or L	oint/Group Fili	ng(Check	
(Succe)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
								_X_ Form filed by			
ST. LOUIS, I	MO 63166-6	149						Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	<b>7</b> .11		• • •	· ·					
	(State)	( <b>2</b> . <b>p</b> )	Table				ties Ac	quired, Disposed o		-	
1.Title of Security	2. Transaction (Month/Day/Y		emed on Date, if	3. Transactic	3.4. SecuritiesTransactionAcquired (A) or				6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(Wollin Day)	any	on Date, n	Code Disposed of					(D) or	Beneficial	
		(Month/	(Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	Owned		Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					2,005	. ,					
Stock, \$.01	01/03/2017			А	2,005 (1)	А	\$0	23,812	D		

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

Par Value

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

3. Transaction Date 3A. Deemed

any

(Month/Day/Year)

of (D) (Instr. 3, 4, and 5)				
Code V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

5.

of

Derivative

Securities

Acquired

Disposed

(A) or

TransactionNumber

6. Date Exercisable and

**Expiration Date** 

(Month/Day/Year)

7. Title and

Amount of

Underlying

(Instr. 3 and 4)

Securities

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

Bene

Own

Follo

Repo

Trans (Insti

# **Reporting Owners**

1. Title of

Security

(Instr. 3)

2.

or Exercise

Derivative

Price of

Security

Derivative Conversion

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Wilson Stephen R 1901 CHOUTEAU AVE. Х P.O. BOX 66149, M/C 1370 ST. LOUIS, MO 63166-6149 Signatures

Jonathan T. Shade, Asst. Secy. of Ameren Corporation, attorney in fact for Stephen R. Wilson

\*\*Signature of Reporting Person

# **Explanation of Responses:**

- 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).
- Director compensation. (1)

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.

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Execution Date, if

(Month/Day/Year)

4.

Code

(Instr. 8)

01/05/2017

Date