Edgar Filing: LYONS MARTIN J - Form 4

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Form 4	KIIIN J									
January 03, 2	.019									
FORM	4 UNITED S		JRITIES A ashington,			NGE (COMMISSION		PPROVAL 3235-0287	
if no long subject to Section 10 Form 4 or Form 5 obligation may conti	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations Mage 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						Expires:January 31 2005Estimated average burden hours per response0.5			
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> LYONS MARTIN J			2. Issuer Name and Ticker or Trading Symbol AMEREN CORP [AEE]				5. Relationship of Reporting Person(s) to Issuer			
(Last) P.O. BOX 60	(Montl	3. Date of Earliest Transaction (Month/Day/Year) 01/01/2019				(Check all applicable) <u>X</u> Director 10% Owner <u>X</u> Officer (give title Other (specify below) Executive VP & CFO				
			. If Amendment, Date Original iled(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State) (2	Zip) Ta	able I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code ar) (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		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)		
Common Stock, \$.01 Par Value				Tinount		Thee	1,555 <u>(1)</u>	I	By 401(K)	
Common Stock, \$.01 Par Value	01/01/2019		А	6,052 (2)	А	\$ 0	143,184 <u>(3)</u>	D		

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

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address]		
	Director	10% Owner	Officer	Other
LYONS MARTIN J P.O. BOX 66149 ST. LOUIS, MO 63166-6149			Executive VP & CFO	
Signatures				
	<u> </u>	~ ·		

Jonathan T. Shade, Asst. Secy. of Ameren Corporation, attorney-in-fact for Martin J. Lyons, Jr. 01/03/2019

**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).

(1) Amount includes a total of 12 shares acquired in December 2018 at prices ranging from \$64.79 to \$70.19 per share.

These restricted stock units were granted under the issuer's 2014 Omnibus Incentive Compensation Plan (the "Plan") and are scheduled to(2) vest upon the payment date in 2022, which shall be no later than March 15, 2022, subject to the terms of the Plan and the applicable award agreement issued thereunder.

(3) Includes 6,486 restricted stock units that were previously reported on a Form 4 filed on January 3, 2018, but which were inadvertently omitted from the balance reflected in the reporting person's most recent Form 4 filing on December 14, 2018.

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.

Date