## Edgar Filing: Sanders Carol P - Form 4

| Sanders Carol P<br>Form 4<br>February 18, 2009  | 9   |  |   |  |                          |  |  |  |                   |  |  |           |
|---|---|--|---|--|--------------------------|--|--|--|-------------------|--|--|-----------|
| FORM 4  |   |  |   |  |                          |  |  |  |                   | OMB A  | PPROVA   | ۹L        |
|   | UNITED  | STATES                                       |   |  |                          |  |  | COMMISSIO  |                   | OMB<br>Number:                                   | 3235   | -0287     |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br><i>See</i> Instruction<br>1(b). | Washington, D.C. 20549<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |  |   |  |                          |  |  |  |                   |  | Expires: January 20<br>Estimated average<br>burden hours per<br>response 0 |           |
| (Print or Type Respon   | nses)   |  |   |  |                          |  |  |  |                   |  |  |           |
| 1. Name and Address of Reporting Person <u>*</u><br>Sanders Carol P   |   |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>ALLIANT ENERGY CORP [LNT]            |  |                          |  |  | 5. Relationship of Reporting Person(s) to<br>Issuer  |                   |  |  |           |
| (Last) (First) (Middle) PO BOX 14720  |   |  | <ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/16/2009</li></ul> |  |                          |  | (Check all applicable)<br><u>X</u> Director<br><u>Officer (give title</u> <u>10% Owner</u><br><u>Director</u> Other (specify<br>below) |  |                   |  |  |           |
| (AMADISON, WI   | 4. If Amendment, Date Original<br>Filed(Month/Day/Year)   |  |   |  |                          | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |  |                   |  |  |           |
| MADISON, WI   | 55708-0720  |  |   |  |                          |  |  | Person   |                   |  |  |           |
| (City) (  | State)  | (Zip)  | Tab   | le I - Non-                                      | Derivat                  | ive Se   | ecurities A  | cquired, Disposed  | l of, c           | or Beneficia                                     | lly Owne   | d         |
|   | unsaction Date<br>th/Day/Year)  | 2A. Deeme<br>Execution I<br>any<br>(Month/Da | Date, if  | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | Dispo<br>(Instr.         | red (A<br>sed of<br>3, 4 a<br>(4   | (D) or   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | For<br>(D)<br>(I) | Ownership<br>m: Direct<br>or Indirect<br>str. 4) | 7. Nature<br>Indirect<br>Beneficia<br>Ownersh<br>(Instr. 4)                | al<br>1ip |
| Reminder: Report on   | a separate line   | for each cla                                 | ass of sect   | urities bene                                     | Per<br>inf<br>rec<br>dis | rsons<br>orma<br>juirec  | s who res<br>tion cont<br>d to respo<br>s a currer   | or indirectly.<br>spond to the coll-<br>ained in this form<br>ond unless the fo<br>ntly valid OMB co               | m ar<br>orm       | e not  | SEC 1474<br>(9-02)   |           |

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.          | 5. Number of    | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|-------------|-----------------|-------------------------|------------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | orDerivative    | Expiration Date         | Underlying Securities  |
| Security    | or Exercise |                     | any                | Code        | Securities      | (Month/Day/Year)        | (Instr. 3 and 4)       |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Acquired (A) or |                         |                        |

|                             | Derivative<br>Security |            |      |   | Disposed of (D)<br>Instr. 3, 4, and<br>5) |     |                     |                    |                 |                                  |
|-----------------------------|------------------------|------------|------|---|---|-----|---------------------|--------------------|-----------------|----------------------------------|
|                             |                        |            | Code | V | (A)                                       | (D) | Date<br>Exercisable | Expiration<br>Date | Title           | Amount or<br>Number of<br>Shares |
| Deferred<br>Common<br>Stock | \$ 0                   | 02/16/2009 | А    |   | 97.6406                                   |     | <u>(1)</u>          | (1)                | Common<br>Stock | 97.6406                          |

## **Reporting Owners**

| Reporting Owner Name / Addres              | SS         | Relationships |         |       |  |  |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|--|--|
|  | Director   | 10% Owner     | Officer | Other |  |  |  |  |  |  |
| Sanders Carol P                            |            |               |         |       |  |  |  |  |  |  |
| PO BOX 14720                               | Х          |               |         |       |  |  |  |  |  |  |
| MADISON, WI 53708-0720                     |            |               |         |       |  |  |  |  |  |  |
| Signatures                                 |            |               |         |       |  |  |  |  |  |  |
| /s/ F. J. Buri                             | 02/17/2009 |               |         |       |  |  |  |  |  |  |
| <u>**</u> Signature of<br>Reporting Person | Date       |               |         |       |  |  |  |  |  |  |

## **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) Units are to be settled upon reporting person's retirement.

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.