

AMEREN CORP
Form 4
November 14, 2016

FORM 4

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

OMB APPROVAL

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Borkowski Maureen A

(Last) (First) (Middle)

P.O. BOX 66149

(Street)

ST. LOUIS, MO 63166-6149

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
AMEREN CORP [AEE]

3. Date of Earliest Transaction (Month/Day/Year)
11/09/2016

4. If Amendment, Date Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
____ Officer (give title below) Other (specify below)
Chmn & President of Subsidiary

6. Individual or Joint/Group Filing (Check Applicable Line)
 Form filed by One Reporting Person
 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)	
Common Stock, \$.01 Par Value				(A) or (D)				
			Code	V	Amount	(D)	Price	
Common Stock, \$.01 Par Value					2,315 ⁽¹⁾	I	By 401(K)	
Common Stock, \$.01 Par Value					1,546 ⁽²⁾	I	By ESOP	
Common Stock, \$.01 Par Value					361 ⁽³⁾	I	By Spouse	
Common Stock, \$.01	11/09/2016		G	323	D	\$ 0	34,822	D

Par Value

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

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(9-02)

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 Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 3 and 4)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Borkowski Maureen A P.O. BOX 66149 ST. LOUIS, MO 63166-6149			Chmn & President of Subsidiary	

Signatures

G. L. Waters, Asst. Secy. of Ameren Corporation, attorney-in-fact for Maureen A. Borkowski

11/14/2016

**Signature of 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) Amount includes a total of 123 shares acquired monthly from January through October 2016 at prices ranging from \$43.53 to \$52.89 per share.
- (2) Amount includes a total of 36 shares acquired during the first through third quarters of 2016 through reinvested dividends at prices ranging from \$49.45 to \$52.89 per share.
- (3) Held in name of spouse and the undersigned disclaims any beneficial interest in such shares. Amount includes a total of 8 shares acquired during the first through third quarters of 2016 through reinvested dividends at prices ranging from \$49.45 to \$52.89 per share.

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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.