Edgar Filing: Schukar Shawn E - Form 4

Schukar Shav Form 4	wn E									
January 03, 2	2018									
FORM		TATES SECUR						т	PPROVAL	
	UNITEDS		shington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru	er 6. Filed purs 18 19 19 19 19 19 19 19 19 19 19	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, ection 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, 2005 Estimated average burden hours per response 0.5		
1(b).										
(Print or Type R	Responses)									
1. Name and A Schukar Sha	Symbol	2. Issuer Name and Ticker or Trading Symbol AMEREN CORP [AEE]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M	(iddle) 3. Date of	3. Date of Earliest Transaction				(Check an appleable)			
P.O. BOX 6		(Month/Day/Year) 01/01/2018				Director 10% Owner Officer (give title X Other (specify below) Chmn & President of Subsidiary				
ST LOUIS		4. If Amendment, Date Original Filed(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 				
	MO 63166-6149						Person			
(City)	(State) (Z	Zip) Tabl	e 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, if any (Month/Day/Year)		Disposed	l (A) c l of (D 4 and (A) or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, \$.01 Par Value					(-)		2,155 <u>(1)</u>	I	By 401(K)	
Common Stock, \$.01 Par Value	01/01/2018		А	2,006 (2)	А	\$ 0	17,554 <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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	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	Relationships						
	Director	10% Owner	Officer	Other			
Schukar Shawn E P.O. BOX 66149 ST. LOUIS, MO 63166-6149				Chmn & President of Subsidiary			
Signatures							

Signatures

Jonathan T. Shade, Asst. Secy. for Ameren Corporation, attorney-in-fact for Shawn E. 01/03/2018 Schukar

**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).

Amount includes a total of 62 shares acquired monthly from May through December 2017 at prices ranging from \$54.73 to \$64.11 per (1)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 2021, which shall be no later than March 15, 2021, subject to the terms of the Plan and the applicable award agreement issued thereunder.

Amount includes a total of 258 shares acquired during the second through fourth quarters of 2017 through reinvested dividends at prices (3) ranging from \$54.73 to \$59.02 per share.

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