Edgar Filing: KAMPLING PATRICIA L - Form 4

| KAMPLING Form 4 | PATRICIA L | | | | | | | | | | |
|--|---------------------------------------|---|--|-------------------|--|--|---|------------------|--------------------|--|--|
| June 03, 2009 | _ | | | | | | | | | | |
| FORM | 4 UNITED | STATES | SECU | DITIES / | | CHANCE | | NT | PPROVAL | | |
| | | STATES | | shington | | | | N OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16. Form 4 or | r STATEN | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 Re | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> KAMPLING PATRICIA L | | | Symbol | er Name an | | - | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) | ALLIANT ENERGY CORP [LNT Middle) 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | | |
| (Last) (First) (Middle) PO BOX 14720 | | | | Day/Year) | Tansaction | | Director 10% Owner XOfficer (give title Other (specify below) below) VP, CFO, TREASURER | | | | |
| (Street) | | | 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 | | | | |
| MADISON, V | WI 53708-0720 | I | | | | | Person | Wore than one K | cporting | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-l | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | | |
| | . Transaction Date Month/Day/Year) | 2A. Deemo Execution any (Month/Da | Date, if TransactionAcquired (A) or Code Disposed of (D) y/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 2 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code V | Amount | (D) Price | (Instr. 3 and 4) | | | | |
| Reminder: Report | rt on a separate line | e for each cla | ass of sec | urities bene | - | | - | | | | |
| | | | | | inforn requir | nation cont red to respo | spond to the colle ained in this forn ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (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 | 8. P |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities | Deri |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | Seci |

number.

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. | 8) | Acquired or Dispose (D) (Instr. 3, 4 and 5) | ed of | | | | | (Ins |
|-----------------------------|------------------------------------|------------|------------------|---------|----|---|-------|---------------------|--------------------|-----------------|-------------------------------------|------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Deferred Common Stock | \$ 0 | 06/03/2009 | | А | | 14.587 | | <u>(1)</u> | (1) | Common Stock | 14.587 | \$ 2 |

Reporting Owners

| Reporting Owner Name / Address | | | Relationships | |
|---|----------|-----------|--------------------|-------|
| | Director | 10% Owner | Officer | Other |
| KAMPLING PATRICIA L PO BOX 14720 MADISON, WI 53708-0720 | | | VP, CFO, TREASURER | |
| Signatures | | | | |

/s/ F. J. Buri 06/03/2009 <u>**</u>Signature of Date 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) 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.