Borkowski Maureen A Form 4 February 29, 2012

# FORM 4

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

**OMB APPROVAL** 

OMB 3235-0287 Number:

Expires:

January 31, 2005

0.5

Estimated average

burden hours per response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

obligations

(Print or Type Responses)

Name and Address of Reporting Person Borkowski Maureen A	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)	AMEREN CORP [AEE] 3. Date of Earliest Transaction	(Check all applicable)			
P.O. BOX 66149	(Month/Day/Year) 02/28/2012	Director 10% Owner Officer (give titleX Other (specify below)  President & CEO of Subsidiary			
(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			
ST. LOUIS, MO 63166-6149		Form filed by More than One Reporting Person			

(City)	(State)	(Zip) Table	e I - Non-D	erivative (	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly 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. Securit on(A) or Di (Instr. 3,	spose	d of (D)	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							1,514	I	By 401(K)
Common Stock, \$.01 Par Value							1,273	I	By ESOP
Common Stock, \$.01 Par Value							297	I	By Spouse
Common Stock, \$.01	02/28/2012		F	540 (1)	D	\$ 31.97	2,552	D	

Edgar Filing: Borkowski Maureen A - Form 4

Par Value

Common

Stock, \$.01 02/28/2012 M 1,125 A \$0 3,677 D

Par Value

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	nber Expiration Date (Month/Day/Year) (Instr. 3 a sivative urities uired or coosed D) tr. 3,		7. Title and A Underlying S (Instr. 3 and	Securities	8. Prio Deriv Secur (Instr.
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Performance	<u>(2)</u>				(2)	(2)	Common	1,131	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Manie / Muuress	

10% Owner Officer Other Director

Borkowski Maureen A President & CEO of P.O. BOX 66149 Subsidiary ST. LOUIS, MO 63166-6149

## **Signatures**

Units

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

02/29/2012

Date

Stock

(9-02)

\*\*Signature of Reporting Person

Reporting Owners 2

## **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) Sold to cover Mrs. Borkowski's tax liability for acquiring performance shares that have vested.
- (2) Each performance unit represents a contingent right to receive one share of Ameren common stock. The performance units vest after a two year holding period.

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.