## Edgar Filing: WESTAR ENERGY INC /KS - Form 4

WESTAR ENER Form 4 October 02, 2008	GY INC /KS										
FORM 4										PPROVAL	
	TATES	SECURITIES AND EXCHANGE ( Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Subject to       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF       Estima         Subject to       SECURITIES       burder         Form 4 or       Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,       Estima         obligations       Filed pursuant to Section 16(a) of the Public Utility Holding Company Act of 1935 or Section       30(h) of the Investment Company Act of 1940							Expires: Estimated a burden hou response	ed average hours per		
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Lawrence Sandra AJ		:	2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
( <b>T</b> )			WESTAR ENERGY INC /KS [WR]					(Check all applicable)			
(Last) (First) (Middle) 818 S. KANSAS AVE.			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>10/01/2008</li></ul>					X_ Director 10% Owner Officer (give title Other (specify below) below)			
,				dment, Dat h/Day/Year)	e Original			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
IOI LIAA, KS OC	012							Person			
(City) (	State) (Z	Zip)	Table	I - Non-De	erivative S	ecurit	ies Aco	quired, Disposed o	f, or Beneficia	lly Owned	
	ransaction Date onth/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or 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, Par Value \$5.00								9,229 <u>(1)</u>	D		

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

Persons who respond to the collection of 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. Numbe onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Units	\$ 0 <u>(2)</u>	10/01/2008	A <u>(3)</u>	258	(3)	(3)	Common Stock	258	\$ 0

## Edgar Filing: WESTAR ENERGY INC /KS - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Lawrence Sandra AJ 818 S. KANSAS AVE. TOPEKA, KS 66612	Х							
Signatures								
Cynthia S. Couch by power of attorney	10/02/2008							
**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) Includes 108 deferred share units acquired through the reinvestment of dividend equivalents.
- (2) Units convert into common stock on a one for one basis.
- (3) Share units received as a payment of meeting fees that have been deferred pursuant to a non-employee director deferred compensation plan.
- (4) Includes 8 deferred share units acquired through the reinvestment of dividend equivalents.

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.