Edgar Filing: ALLIANT ENERGY CORP - Form 4

| ALLIANT Form 4 | ENERGY CORP | | | | | | | | |
|--|--|--|---|--|---|---|--|--|-------------------------------------|
| | M 4 UNITED | STATES | | RITIES A | | | COMMISSIO | - | PPROVAL 3235-0287 January 31, |
| if no lo subject Section Form 4 Form 5 obligat may co <i>See</i> Ins 1(b). | to 16. or Filed pu ions ntinue. truction | rsuant to S (a) of the l | Section Public U | SECUI 16(a) of th Jtility Hol | RITIES ne Securit ding Cor | ties Excha | WNERSHIP OF nge Act of 1934, of 1935 or Secti 940 | Estimated burden hou response | urs per |
| 1. Name and GALLEG | g Person <u>*</u> | 2. Issuer Name and Ticker or Trading Symbol ALLIANT ENERGY CORP [LNT] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) P O BOX 14720 | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/25/2014 | | | | (Check all applicable) <u> </u> | | |
| | 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 | | | | |
| | N, WI 53708-0720 | | | | | | Person | | |
| (City) 1.Title of Security (Instr. 3) | (State) 2. Transaction Date (Month/Day/Year) | Execution any | ed Date, if | 3. | 4. Securit nAcquired Disposed (Instr. 3, 4 | ies (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | of, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect |
| Reminder: Ro | eport on a separate lin | e for each cl | ass of sec | urities bene | Perso inforn requir | ns who res nation cont red to respo | or indirectly. spond to the colle ained in this forr ond unless the fo ntly valid OMB co | n are not orm | 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) | or Dispose (D) | (Instr. 3, 4, | | | | | (Ins |
|-----------------------------|------------------------------------|------------|------------------|------------|-------------------|---------------|---------------------|--------------------|-----------------|-------------------------------------|------|
| | | | | Code V | 7 (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Deferred Common Stock | \$ 0 | 04/25/2014 | 04/28/2014 | А | 9.4272 | | <u>(1)</u> | <u>(1)</u> | Common Stock | 9.4272 | \$: |

Reporting Owners

| Reporting Owner Name / Address | | | 3 | |
|---|----------|------------|----------------|------------------|
| | Director | 10% Owner | Officer | Other |
| GALLEGOS JAMES H P O BOX 14720 MADISON, WI 53708-0720 | | | Sr. Vice Pres. | -General Counsel |
| Signatures | | | | |
| /s/ F. J. Buri, by Power of Attorney | | 04/28/2014 | | |
| **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) 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.