MUELLER MICHAEL G

Form 4

March 02, 2010

FORM 4

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

OMB Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

3235-0287

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

See Instruction 1(b).

Common Stock, \$.01 Par Value

(Print or Type Responses)

1. Name and Address of Reporting Person * MUELLER MICHAEL G			2. Issuer Name and Ticker or Trading Symbol AMEREN CORP [AEE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Entern un applicable)			
P.O. BOX 66149			(Month/Day/Year) 03/01/2010	Director 10% Owner Officer (give titleX Other (specify below) President of Subsidiary			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
ST. LOUIS, MO 63166-6149			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reportin Person			

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Securi	ties Acq	uired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Dat any (Month/Day/Y		3. Transaction Code (Instr. 8)	4. Securities Acquired r(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		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							1,527	I	By 401K
Common Stock, \$.01 Par Value							120	I	By ESOP

Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
	1,527	I	By 401K
	120	I	By ESOP
	64	I	Custodian for Daughter #1
	76	I	

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Common							Custodian		
Stock, \$.01							for		
Par Value							Daughter #2		
Common							Custadian		
Stock, \$.01					54	I	Custodian for Son		
Par Value							101 3011		
Common									
Stock, \$.01 03/01/2010	F	250	D	\$	8,257	D			
Par Value				24.71					
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.

(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	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 Units	(1)					<u>(1)</u>	<u>(1)</u>	Common Stock	2,028	

Reporting Owners

Reporting Owner Name / Address	Relationships							
r	Director	10% Owner	Officer	Other				
MUELLER MICHAEL G P.O. BOX 66149 ST. LOUIS, MO 63166-6149				President of Subsidiary				

Reporting Owners 2

Date

Signatures

G. L. Waters, Asst. Secy. for Michael G.

Mueller 03/02/2010

**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).
- (1) Each performance unit represents a contingent right to receive one share of Ameren common stock. The performance units vest after a two year hold 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.

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