

## **ALLIANT ENERGY CORP**

# Reported by **ALLEN PATRICK E**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 07/16/18 for the Period Ending 07/12/18

Address 4902 NORTH BILTMORE LANE

**SUITE 1000** 

MADISON, WI, 53718-2148

Telephone 608-458-3311

CIK 0000352541

Symbol LNT

SIC Code 4931 - Electric and Other Services Combined

Industry Electric Utilities

Sector Utilities

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ALLEN PATRICK E				A	ALLIANT ENERGY CORP [ LNT ]							IT]	W D'			100/ 0	
(Las	t) (Fire	st) (M	fiddle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)						Y)	X _ Director10% Owner  Officer (give title below) Other (specify below)					
C/O ALLIA CORPORA			14720					7/1	2/20	18					,		
		reet)		4.	If A	mendme	nt, Da	ate (	Origina	al Fi	led (MM/I	DD/YYYY)	6. Individual of	or Joint/G	roup Filing	(Check Appl	icable Line)
MADISON, WI 53708-0720												X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					To his fired by Mote dual one responding Leason												
			Table I	- Non-De	riva	itive Seci	uritie	s Ac	equire	d, D	isposed	of, or Be	neficially Own	ed			
1. Title of Security (Instr. 3)			Trans. Date	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)			4. Securities Acquor Disposed of (D (Instr. 3, 4 and 5)		D) F	Amount of Securit following Reported Instr. 3 and 4)	ies Beneficially Owned Transaction(s)			7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Tal	hle II - Dei	rivative S	ecurities	Ren	neficially	Own			Amoi	unt (Ď)	Price	options, conve	rtible sec	ourities)	4)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	d 4. Trans. Code	5. Number Derivative		of Securities A) or of (D)		6. Date	6. Date Exercisable and Expiration Date			Amount of Inderlying Security		9. Number of derivative Securities Beneficially Owned	Form of	Beneficial
	Security			Code	v	(A)		(D)	Date Exercis		Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Deferred Common Stock Units	\$0.0	7/12/2018	7/13/2018	A		1303.894	3		<u>(T</u>	)	<u>(1)</u>	Common Stock	1303.8943	\$43.14	22024.7346 (2)	D	

#### **Explanation of Responses:**

- (1) Units are to be settled in shares of common stock upon the reporting person's termination of services as a director.
- (2) Includes adjustments for accrued dividends, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ALLEN PATRICK E C/O ALLIANT ENERGY CORPORATION PO BOX 14720 MADISON, WI 53708-0720	X						

#### **Signatures**

/s/ Wenyu T. Blanchard, Attorney in-Fact	7/16/2018			
** Signature of Reporting Person	Date			

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.