## Edgar Filing: AMEREN CORP - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). <b>STATEMENT</b> <b>STATEMENT</b> <b>STATEMENT</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b> <b>Statement</b>	ES SECURITIES AND EXCHANGE Washington, D.C. 20549 OF CHANGES IN BENEFICIAL OW SECURITIES to Section 16(a) of the Securities Exchan he Public Utility Holding Company Act of (h) of the Investment Company Act of 19	Image: Number:3235-0287Number:3235-0287Number:January 31,Expires:2005Estimated averageburden hours perresponse0.5ge Act of 1934,of 1935 or Section		
(Print or Type Responses)				
1. Name and Address of Reporting Person MARK RICHARD J	<ul> <li>2. Issuer Name and Ticker or Trading</li> <li>Symbol</li> <li>AMEREN CORP [AEE]</li> </ul>	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check all applicable)		
P.O. BOX 66149	(Month/Day/Year) 06/02/2016	Director10% Owner Officer (give titleX Other (specify below) below) Chmn & President of Subsidiary		
(Street)	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 I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned		
		5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially(D) orBeneficialOwnedIndirect (I)OwnershipFollowing(Instr. 4)(Instr. 4)ReportedTransaction(s)(Instr. 3 and 4)		
Common Stock, \$.01 Par Value		8,928 I By 401(K)		
Common Stock, \$.01 06/02/2016 Par Value	S 9,300 D <sup>\$</sup> 48.89	44,175 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.

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 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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
MARK RICHARD J P.O. BOX 66149 ST. LOUIS, MO 63166-6149				Chmn & President of Subsidiary	
Signatures					
G. L. Waters, Asst. Secy. of Ameren Corporation, attorney-in-fact for Richard J. Mark					06/06/2016

\*\*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).

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.

Date