ALLIANT ENERGY CORP

Form 4

August 17, 2005

FORM 4

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

OMB Number:

3235-0287 January 31,

0.5

if no longer subject to Section 16.

Check this box

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

Expires: 2005 Estimated average burden hours per

OMB APPROVAL

response...

5 D L (* L* CD (* D () (

Form 4 or Form 5 obligations

may continue. See Instruction

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

1(b).

(Print or Type Responses)

1 Name and Address of Departing De

MCALLISTER SINGLETON B Syn		B Symbol	Symbol I				5. Relationship of Reporting Person(s) to Issuer			
		ALLIAN	NT ENER	GY CORE	? [LN	T]	(Check	all applicable))	
(Last)	(First) (M	iddle) 3. Date of	Earliest Tra	nsaction						
			==================================				X Director		Owner	
PO BOX 256	08/16/20	08/16/2005				Officer (give tit low)	below)	r (specify		
	(Street)	4. If Amer	ndment, Dat	e Original		6.	Individual or Join	nt/Group Filing	g(Check	
		Filed(Mon	th/Day/Year)				plicable Line)			
MADISON, WI 53701			-				X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	Zip) Table	e I - Non-D	erivative Sec	curitie	s Acquir	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securitie	es Acqu	uired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		omr Dispose	,	*	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and 5)		Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(Mondi/Day/Tear)	(111311.0)				Following	or Indirect	(Instr. 4)	
					(A)		Reported	(I)		
					or		Transaction(s)	(Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
COMMON DRIP	08/16/2005		<u>J(1)</u>	26.5719	A	\$ 29.41	3,005.5272	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Underlying (Instr. 3 and
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title
DEFERRED COMMON STOCK	\$ 0	08/16/2005	<u>J(2)</u>	26.9333	08/08/1988(3)	08/08/1988(3)	СОММО

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Officer Other Director 10% Owner

MCALLISTER SINGLETON B X PO BOX 2568 MADISON, WI 53701

Signatures

F. J. Buri as 08/17/2005 POA for

**Signature of Date 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).
- The reporting person acquired 26.5719 shares under the company's dividend reinvestment plan, pursuant to a dividend reinvestment (1) transaction exempt from Section 16 under Rule 16a-11.
- The reporting person acquired 26.9333 shares under the company's dividend reinvestment plan, pursuant to a dividend reinvestment **(2)** transaction exempt from Section 16 under Rule 16a-11.
- (3) 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.

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