KRATCHMER JOHN E

Form 4 January 05, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response... 0.5

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

(Print or Type Responses)

1(b).

| 1. Name and Address of Reporting Person ** KRATCHMER JOHN E | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|---|------------------------|----------|---|---|------------|--------|---|--|--|---|--|--|
| (Last) | (First) | (Middle) | ALLIANT ENERGY CORP [LNT] 3. Date of Earliest Transaction (Month/Day/Year) | | | | (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
| PO BOX 2568 | | | 01/03/2005 | | | | below) | | below) | респу | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | Applic _X_ F | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MADISON, WI | 53701 | | | | | | Fo | orm filed by More the | nan One Repor | ting | | |
| (City) | (State) | (Zip) | Table I - No | on-Derivati | ive Securi | ties A | cquired, | Disposed of, or l | Beneficially (| Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transac (Month/D | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | (Instr. 3, | (A) or | d of (D) 5) | 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 Indirec Beneficial Ownershi (Instr. 4) | | |
| 401(k) | | | | Code V | Amount | (D) | Price | 1,500.9629 | D | | | |
| COMMON (RESTRICTED | 01/03/20 | 005 | | A | 1,411 | A | \$ 28.34 | 1,411 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. 6. Date Exercise cionNumber of (Month/Day/Ye Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Title a Amount of Underlying Securities (Instr. 3 a | of ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|--|--|---------------------|--------------------|--|---------------|---|--|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships |
|--------------------------------|---------------|
|--------------------------------|---------------|

Director 10% Owner Officer Other

KRATCHMER JOHN E PO BOX 2568 MADISON, WI 53701

VP, CONTROLLER

Signatures

F. J. Buri as POA for 01/05/2005

**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).

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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