

Edgar Filing: FIRSTENERGY CORP - Form 4

FIRSTENERGY CORP
 Form 4
 February 09, 2001

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 WASHINGTON, DC 20549
 FORM 4
 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.

1. Name and Address of Reporting Person
 Carroll, MaryBeth C.
 76 South Main Street
 Akron, OH 44308
 USA
2. Issuer Name and Ticker or Trading Symbol
 FirstEnergy Corp. (FE)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
 1/2001
5. If Amendment, Date of Original (Month/Day/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 () Director () 10% Owner
 (X) Officer (give title below) () Other (specify below)
 Vice President
7. Individual or Joint/Group Filing (Check Applicable Line)
 (X) Form filed by One Reporting Person
 () Form filed by More than One Reporting Person

TABLE I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Trans- action Date (Month/ Day/ Year)	3. Trans- action Code	4. Securities Acquired (A) or Disposed of (D)			5. Amount of Securities Beneficially Owned at End of Month	
			Code	V	Amount		A/D
Common Stock	01/05/2001	J (1)	V	1.586	A	\$31.5340	
Common Stock	01/19/2001	J (1)	V	1.87	A	\$26.7341	491.656

TABLE II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.	2.	3.	4.	5.	6.	7.	8.
	Conversion or Exercise Price of	Transaction	Transaction	Number of Derivative Securities Acquired (A)	Date Exercisable and Expiration Date (Month/Day/Year)	Title and Amount of Underlying Securities or	

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Title of Derivative Security	Derivative Security	Acquisition Date (Month/Day/Year)	Disposal Date (Month/Day/Year)	Disposal Code	Disposal Method (D)	Disposal Date	Exercise Date	Expiration Date	Title	Number of Shares
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Explanation of Responses:

(1) Shares purchased through an open enrollment stock purchase program open to all employees and the public. This is not a stock purchase program under Section 423. Payroll deductions are taken twice a month.

SIGNATURE OF REPORTING PERSON

/s/ MaryBeth C. Carroll

DATE

02/09/2001