#### Edgar Filing: MORRISON ROBERT S - Form 4

MORRISO	N ROBERT S										
Form 4											
March 02, 2	.010										
FORM			CECU				<b>GE COMMISSION</b>	OMB APPROVAL			
	UNITED	SIAIES		shington			<b>JE COMMISSION</b>	OMB Number:	3235-0287		
Check th	his box		vv a	Ishington	, D.C. 20	1349			January 31		
if no longer subject to Section 16. Form 4 or				IANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: 200 Estimated average burden hours per response 0.		
may con	Section 17(a) of the Public Utility Holding Company Act of 1935 or Section See Instruction 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> MORRISON ROBERT S			2. Issuer Name <b>and</b> Ticker or Trading Symbol AON CORP [AOC]			Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (	Middle)	3. Date of	of Earliest T	ransaction		(Check an applicable)				
CORPORA	PORATION - ATE LAW DEPT, NDOLPH STREE		(Month/) 02/26/2	Day/Year) 2010			X Director Officer (give below)		% Owner her (specify		
				If Amendment, Date Original led(Month/Day/Year)			Applicable Line)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO	, IL 60601						Form filed by M Person	Iore than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securitie	s Acquired, Disposed of	, or Beneficia	lly Owned		
(Instr. 3) any		Execution	a Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or			Securities F Beneficially (1 Owned (1 Following (1 Reported Transaction(s) (Instr. 3 and 4)	. Ownership Form: Direct D) or Indirect I) Instr. 4)				
				Code V	Amount	(D) Pri	ce (Instr. 5 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned direct	ly 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.

 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. Transac Code (Instr. 8	ctio 3)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	<u>(1)</u>	02/26/2010		А		580.117 (2)		02/26/2010	(3)	Common Stock	580.117

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh							
	Director	10% Owner	Officer	Other					
MORRISON ROBERT S AON CORPORATION - CORPORATE LAW DEPT 200 EAST RANDOLPH STREET, 8TH FLOOR CHICAGO, IL 60601	Х								
Signatures									
/s/ Jennifer L. Kraft - by Jennifer L. Kraft pursuant to a power of attorney from Robert S. Morrison									

\*\*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).
- (1) The phantom stock units convert to shares of common stock on a 1-for-1 basis.
- (2) The phantom stock units represent an outside director fee that was deferred into a directors' deferred compensation arrangement.
- (3) The phantom stock units will be paid in cash or shares of Aon common stock on a distribution date elected by the reporting person.
- (4) Includes shares acquired pursuant to dividend reinvestment.

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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Date