Edgar Filing: ALLIANT ENERGY CORP - Form 4

ALLIANT EN	VERGY COR	Р									
Form 4											
February 17, 2	2006										
FORM	4								OMB AP	PROVAL	
	UNITE	D STATES			ND EXCH D.C. 2054		JE CO	MMISSION	OMB Number:	3235-0287	
Check this if no longe	r								Expires:	January 31,	
subject to STATEMENT OF CHANC				GES IN BENEFICIAL OWNE				RSHIP OF	Estimated a	2005 verage	
Section 16				SECURI	TIES				burden hour	s per	
Form 4 or Form 5	Filed a	unquant to	Santian 16	(a) of the	Sacuritia	Errol	hongo A	at af 1024	response	0.5	
obligations	· ·						•	Act of 1934, 935 or Section			
may contir	iue.		of the Inv	•	• •	•		55 of Section			
See Instruc 1(b).	ction	50(11)		estinent (company i	iet o.	1 1 7 10				
-(-).											
(Print or Type Re	esponses)										
		D *					-	D 1			
1. Name and Address of Reporting Person *2. IssuerMCALLISTER SINGLETON BSymbol			i land i i the i i i i i i i i i i i i i i i i i i i				5. Relationship of Reporting Person(s) to Issuer				
WICH LEIGT			•	T ENED	GY CORF	IT N					
						LIN	1]	(Check	all applicable))	
(Last)	(First)	(Middle)		Earliest Tra	nsaction			V Dimeter	100/	0	
PO BOX 256	8		(Month/Da 02/16/20	-				X Director Officer (give ti		Owner r (specify	
10 001 250	.0		02/10/20	00			be	low)	below)		
(Street)			4. If Amendment, Date Original				6.	6. Individual or Joint/Group Filing(Check			
			Filed(Mont	h/Day/Year)			-	Applicable Line) _X_ Form filed by One Reporting Person			
MADISON,	WI 53701						_^	Form filed by Mc			
MADISON,	W1 33701						Pe	rson			
(City)	(State)	(Zip)	Table	I - Non-De	erivative Sec	uritie	s Acquir	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securitie	s Acqu	uired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Ye		on Date, if	Transaction Disposed of (D)				Securities	Ownership	Indirect	
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and $5)$		Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(11101111	(2 u) (1 cui)	(1115417-0)				Following	· · ·	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (In sta. 4)		
						or		(Instr. 3 and 4)	(Instr. 4)		
COMMON				Code V	Amount	(D)	Price ¢				
DRIP	02/16/2006			J <u>(1)</u>	28.4755	А	ъ 30.62	3,062.9792	D		
Ditti							50.02				

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.

 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) Code V	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) (A) (D)	6. Date Exercisab Date (Month/Day/Year Date Exercisable)	7. Title and Underlying 3 (Instr. 3 and Title
DEFERRED COMMON STOCK	\$0	02/16/2006		J <u>(2)</u>	45.0996	08/08/1988 <u>(3)</u>	08/08/1988 <u>(3)</u>	СОММО

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Reporting Owners

Reporting Person

 Relationslip

 Reporting Owner Name / Address
 Director
 10% Owner
 Officer
 Other

 MCALLISTER SINGLETON B
PO BOX 2568
 X
 X
 X
 X

 MADISON, WI 53701
 X
 X
 X
 X

 Signatures
PO A for
 02/17/2006
 X
 X
 X

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 reporting person acquired 28.4755 shares under the company's dividend reinvestment plan, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.
- (2) The reporting person acquired 45.0996 shares under the company's dividend reinvestment plan, pursuant to a dividend reinvestment 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.