## Edgar Filing: LIEB PETER M - Form 4

LIEB PETER	R M									
Form 4										
January 18, 2	_							0145.4		
FORM	14	STATES	SECU	DITIES /	ND FV	СПАЛСЕ	COMMISSIO		PPROVAL	
UNITED STATES SECC				URITIES AND EXCHANGE COMMISSION Vashington, D.C. 20549					3235-0287 January 31,	
if no longer subject to Section 16. Form 4 or				SECUI	RITIES	Estimated burden hou response	Expires: 2005 Estimated average burden hours per response 0.5			
Form 5 obligation may cont See Instru 1(b).	ns Section 170	(a) of the F	ublic U	tility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940			
(Print or Type F	Responses)									
LIEB PETER M Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol AON CORP [AOC]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (	Middle)	3. Date c	of Earliest T	ransaction		(Chi	eck an applicabl	e)	
CORPORA	PORATION - TE LAW DEPT, DOLPH STREE	200	(Month/I 01/15/2	Day/Year) 2011			Director X Officer (gi below) EVP		% Owner ner (specify nsel	
Filed(Mo			(Month/Day/Year)			Applicable Line) _X_ Form filed by	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
CHICAGO,	IL 60601						Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
				Code V	Amount	(D) Price				
Reminder: Rep	ort on a separate line	e for each cla	iss of sec	urities bene	ficially ow	ned 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)

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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. 5. Number Transaction Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price Derivati Security (Instr. 5	
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	01/15/2011	А	7.28		(2)	(2)	Common Stock	7.28	\$ 44.

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
1 0	Director	10% Owner	Officer	Other			
LIEB PETER M AON CORPORATION - CORPORATE LAW DEPT 200 EAST RANDOLPH STREET, 8TH FLOOR CHICAGO, IL 60601			EVP & General Counsel				
Signatures							

/s/ Jennifer L. Kraft - Jennifer L. Kraft pursuant to a power of attorney from Peter Lieb					
<u>**</u> Signature of Reporting Person	Date				

## **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) Each share of phantom stock acquired under the issuer's deferred compensation plan represents the right to receive one share of Aon common stock or the cash value thereof.

Shares of phantom stock are payable in cash in ten annual installments following the reporting person's retirement. Subject to the issuer's (2) compliance procedures for its Section 16 reporting officers, the reporting person may transfer shares of common stock into an alternative investment account under the issuer's deferred compensation plan.

(3) 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.