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Form 4	IC .										
March 03, 2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							APPROVAL				
				hington,	ington, D.C. 20549				3235-0287		
if no longer subject to Section 16. Form 4 or		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may continue <i>See</i> Instruction 1(b).	Section 17(a	ı) of the F	Public Ut	ility Hold	ing Con		ge Act of 1934, of 1935 or Secti 940		0.0		
(Print or Type Resp	oonses)										
1. Name and Address of Reporting Person <u>*</u> Hall, III Edward C			2. Issuer Name and Ticker or Trading Symbol AES CORP [AES]			5. Relationship of Reporting Person(s) to Issuer					
				-	-		(Check all applicable)				
(1			3. Date of Earliest Transaction (Month/Day/Year) 01/31/2009			Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President					
	(Street)			ndment, Dat th/Day/Year)	-		6. Individual or Applicable Line) _X_ Form filed by	One Reporting	Person		
ARLINGTON,	VA 22203						Person	More than One	Reporting		
(City)	(State) ((Zip)	Table	e I - Non-D	erivative	Securities A	cquired, Disposed	of, or Benefic	ially Owned		
	Transaction Date Ionth/Day/Year)	2A. Deem Execution any (Month/D	n Date, if	3. Transactio Code (Instr. 8)	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)			
Common Stock				Code V	Amount	(D) Price	4,825	D			
Common Stock							55,976 <u>(1)</u>	I	By 401(k) Plan		
Common Stock							9,490	I	By Joint Ownership		
Common Stock							880	Ι	By Sons		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Derivative	Expiration D (Month/Day/	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	
Units	<u>(2)</u>	01/31/2009	(2)	А	211	(2)	(2)	Common Stock	211	\$ 7.91
Units	<u>(3)</u>	02/28/2009	(3)	А	265	(3)	(3)	Common Stock	265	\$ 6.3

Reporting Owners

Reporting Owner Name / Address	Relationships						
L O	Director	10% Owner	Officer	Other			
Hall, III Edward C 4300 WILSON BOULEVARD ARLINGTON, VA 22203			Executive Vice President				

Signatures

/s/Edward C. Hall, III <u>**Signature of</u> Reporting Person 03/03/2009 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) Based upon the the latest plan statement dated 02/27/2009, Mr. Hall does not report any change in ownership for shares he holds in The AES Retirement Savings Plan.
- (2) These shares are awarded pursuant to the Restoration Supplemental Retirement Plan (the "Plan"). The reporting person has elected to defer receipt of compensation otherwise payable to him in the form of stock units, the basis of which is determined to be the Company's closing stock price on the last day of each month. The Plan allows for distribution upon a date(s)specified by the participant in the event

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of the participant's unforeseeable emergency, death or termination of employment. This amount represents the reporting person's February 2009 deferral.

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(3) closing stock price on the last day of each month. The Plan allows for distribution upon a date(s)specified by the participant in the event of the participant's unforeseeable emergency, death or termination of employment. This amount represents the reporting person's February 2009 deferral.

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.