Edgar Filing: MORRISON ROBERT S - Form 4

MORRISO	N ROBERT S									
Form 4										
November										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB A OMB Number:	PPROVAL 3235-0287		
Check t if no lo subject Section Form 4 Form 5 obligati may co <i>See</i> Insi 1(b).	to 16. or Filed put ons ntinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1940						Expires: January 2 Estimated average burden hours per response		
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> MORRISON ROBERT S			2. Issuer Name and Ticker or Trading Symbol AON CORP [AOC]			Issuer				
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Check all applicable)			
CORPORA	RPORATION - ATE LAW DEPT, NDOLPH STREE		(Month/ 11/18/2	Day/Year) 2005			X Director Officer (give below)		% Owner her (specify	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable Line)	_X_ Form filed by One Reporting Person			
CHICAGO	D, IL 60601						Form filed by M Person	lore than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securitie	s Acquired, Disposed of	, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D		Date, if TransactionAcquired (A) or Code Disposed of (D)		5. Amount of 6. Securities F Beneficially (I Owned (I Following (I Reported Transaction(s) (Instr. 3 and 4)	. Ownership orm: Direct D) or Indirect	7. Nature of Indirect				
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Reminder: Re	eport on a separate line	e for each cl	ass of sec	untiles benef	inclarity own	ned direct	ly of 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. Transactio Code (Instr. 8)	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>	11/18/2005(2)		А	203.971	11/18/2005	(3)	Common Stock	203.971

Reporting Owners

Reporting Owner Name / Address		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.						

/s/ Jennifer L. Kraft - by Jennifer L. Kraft pursuant to a power of attorney from Robert S. Morrison 11/22/2005

**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 pursuant to a directors' deferred compensation arrangement.
- (3) The phantom stock units will be paid in cash or shares of Aon Corporation common stock on a distribution date elected by the reporting person.

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.

Date