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Besio Grego Form 4	ry J											
March 16, 20									OMB AF	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check th if no long				~~~~					Expires:	January 31, 2005		
subject to Section 16. Form 4 or			F CHAN	GES IN I SECUR		ICIA	LOWI	NERSHIP OF	Estimated average burden hours per response			
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the	Public Ut		ling Con	npany	Act of	e Act of 1934, ? 1935 or Section 0	·			
(Print or Type I	Responses)											
			Symbol	2. Issuer Name and Ticker or Trading Symbol AON CORP [AOC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Date of				ansaction			(encer an applicable)				
	CORPORATE L EAST RANDO TH FL		(Month/D 03/13/20	-				Director X Officer (give below)		Owner er (specify		
				ndment, Date Original hth/Day/Year)				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 Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities6.BeneficiallyForm: Dir Dir OwnedOwned(D) orFollowingIndirect (I ReportedReported(Instr. 4) Transaction(s)		7. Nature of Indirectt Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	03/13/2009			M <u>(1)</u>	408	А	<u>(1)</u>	2,000 (3)	D			
Common Stock	03/13/2009			F <u>(2)</u>	121	D	\$ 38.93	1,879 <u>(3)</u>	D			
Common Stock								2,227	Ι	Through Aon Savings Plan <u>(4)</u>		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)	5. Number onof Derivative 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)		8. D Se (It
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit Award (Right to Receive)	(5)	03/13/2009		М	408	03/13/2009	03/13/2009	Common Stock	408	

Reporting Owners

Reporting Owner Name / Address		Relatio		
Terroring of the Function and	Director	10% Owner	Officer	Other
Besio Gregory J C/O AON CORPORATE LAW DEPT 200 EAST RANDOLPH STREET, 8TH FL CHICAGO, IL 60601			EVP/CAO	
Signatures				

9

/s/ Jennifer L. Kraft - by Jennifer L. Kraft pursuant to a power of attorney from Gregory J.	03/16/2009
Besio	03/10/2009

**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) Shares of common stock acquired upon the vesting of a restricted stock unit award.
- Shares of common stock withheld by the issuer for the payment of withholding taxes in connection with the vesting of a restricted stock (2) unit award.

Date

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- (3) Includes 86 shares held through the Aon employee stock purchase plan.
- (4) Reflects the reporting person's balance in the Aon common stock fund of the Aon Savings Plan as of January 31, 2009.
- (5) The restricted stock unit award converts to shares of common stock on a 1-for-1 basis.

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.