

Schepers David J
Form 4
October 28, 2004

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Schepers David J

2. Issuer Name and Ticker or Trading Symbol
AMEREN CORP [AEE]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
P. O. BOX 66149, MC-1370

3. Date of Earliest Transaction (Month/Day/Year)
10/27/2004

____ Director
____ Officer (give title below) 10% Owner
____ Other (specify below)
Vice President of Subsidiary

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

ST. LOUIS, MO 63166-6149

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
| | | | | (A) or (D) | Price | | |
| Common Stock, \$.01 Par Value | | | | | 2,035 | I | By 401K |
| Common Stock, \$.01 Par Value | | | | | 2,076 | I | By ESOP |
| Common Stock, \$.01 Par Value | 10/27/2004 | | M | 500 A | \$ 36.625 3,121 | D | |
| Common Stock, \$.01 | 10/27/2004 | | S | 500 D | \$ 48.28 2,621 | D | |

Edgar Filing: Schepers David J - Form 4

Par Value

Common
Stock, \$.01 10/27/2004 M 700 A \$ 31 3,321 D
Par Value

Common
Stock, \$.01 10/27/2004 S 700 D \$ 48.28 2,621 D
Par Value

Common
Stock, \$.01 10/27/2004 M 300 A \$ 31 2,921 D
Par Value

Common
Stock, \$.01 10/27/2004 S 300 D \$ 48.27 2,621 D
Par Value

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.

SEC 1474
(9-02)

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. Transaction Code (Instr. 8) | 5. Number of 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. P Der Sec (Ins | |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|-------------------|----------------------------|
| | | | | Code | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option | \$ 36.625 | 10/27/2004 | | M | 500 | 02/12/2001 02/12/2009 | Common Stock, \$.01 Par Value | 500 | \$ 4 |
| Stock Option | \$ 31 | 10/27/2004 | | M | 700 | 02/11/2002 02/11/2010 | Common Stock, \$.01 Par Value | 700 | \$ 4 |
| Stock Option | \$ 31 | 10/27/2004 | | M | 300 | 02/11/2002 02/11/2010 | Common Stock, \$.01 Par | 300 | \$ 4 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------|---------------------------------|
| | Director | 10% Owner | Officer | Other |
| Schepers David J P. O. BOX 66149, MC-1370 ST. LOUIS, MO 63166-6149 | | | | Vice President of Subsidiary |

Signatures

G. L. Waters, Asst. Secy. for David J.
Schepers

10/28/2004

__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).

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.