Edgar Filing: AON CORP - Form 4

AON CORP Form 4											
FORM Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continue	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 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							N OMB Number: Expires: Estimated burden ho response.	Number:3235-0287Expires:January 312005Estimated averageburden hours perresponse0.5		
(Print or Type Resp	oonses)										
			2. Issuer Name and Ticker or Trading Symbol AON CORP [AOC]				ng	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) AON CORPORATION - CORPORATE LAW DEPT, 200 EAST RANDOLPH STREET, 8TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 11/16/2007					(Check all applicable) Director Officer (give title below) below) Log Check all applicable) Log Check all applic			
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO, IL	60601							Form filed by Person	More than One R	Reporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities A	cquired, Disposed	of, or Beneficia	ally Owned	
	Fransaction Date onth/Day/Year)		Date, if TransactionAcquired (A) or Code Disposed of (D)) 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)		
Reminder: Report	on a separate line	e for each cla	iss of sec	urities benef	ficially ow	ned di	rectly o	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactiv 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>	11/16/2007		А	448.454 (2)	11/16/2007	(3)	Common Stock	448.454

Reporting Owners

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
LOSH J MICHAEL 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 J. Michael Losh								

<u>**Signature of Reporting Person</u> 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 into a directors' deferred compensation arrangement.

(3) The phantom stock units will be paid in cash or shares of Aon 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