Form 5										
February	y 10, 201	0								
FOF	RM 5					OMB AF	PROVAL			
		UNITE	D STATES	OMB Number:	3235-0362					
	ck this box i onger subjec	-		Expires:	January 31, 2005					
Forr 5 ob may	ection 16. n 4 or Form oligations continue. Instruction	AN	NNUAL ST	Estimated a burden hour response	verage					
1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or SectionReportedForm 430(h) of the Investment Company Act of 1940TransactionsReported										
1. Name and Address of Reporting Person <u>*</u> Foss Karen C			ng Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol AMEREN CORP [AEE]	5. Relationship of I Issuer	Reporting Pers	on(s) to			
(Last	t)	First) (Middle)	(Middle)	3. Statement for Issuer's Fiscal Year Ended	(Check	all applicable)				
×	OX 66149	(Month/Day/Year) 12/31/2009			below)	itle 10% below) Pres. of Subsidi				
						•				
(Street)				4. If Amendment, Date Original	6. Individual or Joi	orting				
				Filed(Month/Day/Year)	(check					

ST. LOUIS, MOÂ 63166-6149

Foss Karen C

X Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person

(City)	(State) (2	Zip) Table	e I - Non-Deri	vative Sec	curitie	s Acqui	ired, Disposed o	f, or Beneficial	ly 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. Securi Acquirec Disposec (Instr. 3, Amount	d (A) c d of (D))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$.01 Par Value	Â	Â	Â	Â	Â	Â	97 <u>(1)</u>	I	By 401K

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

Persons who respond to the collection of informationSEC 2270contained in this form are not required to respond unless(9-02)the form displays a currently valid OMB control number.(9-02)

 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)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Foss Karen C P.O. BOX 66149 ST. LOUIS, MO 63166-6149	Â	Â	Â	Sr. Vice Pres. of Subsidiary			
Signatures							
G. L. Waters, Asst. Secy. for Karen C. Foss		02/10/2010					
**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).
- (1) Amount includes a total of 27 shares acquired monthly from June through December 2009 at prices ranging from \$24.32 to \$28.30 per share.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.