#### Edgar Filing: AES CORP - Form 4

AES CORP										
Form 4										
February 03, 2017										
FORM 4			GEGU							APPROVAL
	UNITED	STATES		RITIES shingtor				COMMISSIO	N OMB Number:	3235-0287
Check this box if no longer									Expires:	January 31,
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or							Estimated burden ho	ours per		
Form 5	-	a) of the F	Public U		lding (	Comp	any Act	nge Act of 1934, of 1935 or Secti 940		0.5
(Print or Type Respon	ses)									
1. Name and Address Chilton Michael	of Reporting	Person <u>*</u>	Symbol	er Name <b>ar</b> ORP [AI		r or Tr	ading	5. Relationship o Issuer		
(Last) (H	First) (N	Middle)		of Earliest	-	ion		(Check all applicable)		
4300 WILSON BOULEVARD		,	(Month/Day/Year) 02/01/2017			Director 10% Owner X_ Officer (give title Other (specify below) below) Sr. VP Global Engr & Const				
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
ARLINGTON, V	A 22203		Filed(Mo	onth/Day/Ye	ar)			Applicable Line) _X_ Form filed by Form filed by Person	One Reporting More than One	
(City) (S	State)	(Zip)	Tab	ole I - Non-	Derivat	tive Se	curities A	cquired, Disposed	of, or Benefici	ally Owned
	nsaction Date h/Day/Year)	2A. Deeme Execution I any (Month/Da	ed Date, if	3. Transactic Code (Instr. 8)	4. Sec onAcqui Dispo (Instr.	red (A sed of 3, 4 au (A o	) or (D) nd 5) A) r	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect
				Code V		,				
Reminder: Report on a	a separate line	for each cla	ass of sec	urities ben	-		-	-		
					inf rec dis	ormat quired	tion cont to respo a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price c
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security

#### Edgar Filing: AES CORP - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acqu (A) of Disp	oosed D) r. 3, 4,					(Instr. 5)
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Units	<u>(1)</u>	02/01/2017	Ι		446	<u>(1)</u>	(1)	Common Stock	446	\$ 11.24

#### **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
r g	Director	10% Owner	Officer	Other				
Chilton Michael 4300 WILSON BOULEVARD ARLINGTON, VA 22203			Sr. VP Global Eng & Const	r				
<b>A</b> 1 .								

## Signatures

/s/ Michael	
Chilton	02/03/2017
<u>**</u> Signature of Reporting Person	Date
Reporting reison	

### **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).

The reporting person established two special purpose accounts under The AES Corporation Restoration Supplemental Retirement Plan ("RSRP") in 2012. The distribution date of the accounts, including the hypothetical AES shares, was made at the time each account was opened. Prior to payment, the reporting person had the right to transfer the value of his account into an alternative investment account.

(1) Opened. This to payment, the reporting person had the right to transfer the value of his account into an alternative investment account. Each unit represents a hypothetical AES investment equal to one share of AES Common Stock. Under the terms of the RSRP, distributions are automatically paid in cash and not in stock beginning on or about February 1st of the year following the year designated by the participant as his distribution date. There was no sale in the market.

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.