#### **ALLIANT ENERGY CORP**

Form 4

August 17, 2005

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

5. Relationship of Reporting Person(s) to

3235-0287

January 31, Expires:

**OMB APPROVAL** 

2005

Estimated average burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

KRATCHMER JO	OHN E	Symbol				Issuer			
		ALLIANT EN	NERGY (	CORP [LN	IT]		(Check all ap	plicable)	
(Last) (F	Girst) (Middle)	3. Date of Earlie	st Transacti	on				•	
DO DOV 2569		(Month/Day/Yea	ur)				rector fficer (give title	10% Owne Other (spe	
PO BOX 2568		08/16/2005				below)		low)	,
(S	treet)	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
MADISON, WI 5	3701						if filed by More than	_	g
(City) (S	tate) (Zip)	Table I - No	on-Derivat	ive Securitio	es Acqu	uired, Di	sposed of, or Be	neficially Ov	vned
1.Title of Security	2. Transaction Date		3.	4. Securitie			5. Amount of	6.	7. Nature
(Instr. 3)	(Month/Day/Year)	Execution Date, if		oror Disposed		)	Securities	Ownership	of Indirect
		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and 5)		Beneficially Owned	Form: Direct (D)	Beneficial Ownership
		(Wollan Buyl Tear)	(mstr. o)				Following	or Indirect	(Instr. 4)
					(A)		Reported	(I)	
					(A) or		Transaction(s)	(Instr. 4)	
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
401(k)							1,798.423	D	
COMMON (RESTRICTED)	08/16/2005		J <u>(1)</u>	12.8225	A	\$ 29.41	1,451.317	D	

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)

#### Edgar Filing: ALLIANT ENERGY CORP - Form 4

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. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Date (Month/Day/Year	•	7. Title and Underlying (Instr. 3 and
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
DEFERRED COMMON STOCK	\$ 0	08/16/2005		A	39.1473	08/08/1988(2)	08/08/1988(2)	СОММО
DEFERRED COMMON STOCK	\$ 0	08/16/2005		J <u>(3)</u>	50.9711	08/08/1988(2)	08/08/1988(2)	СОММО

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b></b>	Director	10% Owner	Officer	Other			
KRATCHMER JOHN E PO BOX 2568 MADISON, WI 53701			VP, CONTROLLER				

## **Signatures**

Reporting Person

F. J. Buri as
POA for

\*\*Signature of

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) The reporting person acquired 12.8225 shares under the company's dividend reinvestment plan, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.
- (2) Units are to be settled upon reporting person's retirement.
- (3) The reproting person acquired 50.9711 shares under the company's dividend reinvestment plan, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.

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.

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