Edgar Filing: WESTAR ENERGY INC /KS - Form 4

WESTAR ENER Form 4 October 02, 2015	GY INC /KS										
FORM 4										PPROVAL	
	TATES S		ITIES AI hington,]			IGE (COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction 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							January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> CARTER MOLLIE H			2. Issuer Name and Ticker or Trading Symbol WESTAR ENERGY INC /KS [WR]					5. Relationship of Reporting Person(s) to Issuer			
						K2 [WKJ	(Check all applicable)			
(Last) (First) (Middle) 818 S. KANSAS AVE.			 Date of Earliest Transaction (Month/Day/Year) 10/01/2015 					X_ Director10% Owner Officer (give title below) Other (specify below)			
(Street) TOPEKA, KS 66612			4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
IOPERA, KS 00	0012							Person			
(City) (State) (Z	Zip)	Table	I - Non-De	erivative S	ecurit	ies Acc	quired, Disposed o	f, or Beneficia	lly Owned	
	ransaction Date onth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D))	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)	
Common Stock, Par Value \$5.00								33,478 <u>(1)</u>	D		

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.

 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. Transacti Code (Instr. 8)	ionof Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price o Derivativ Security (Instr. 5)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Units	\$ 0 <u>(2)</u>	10/01/2015		A <u>(3)</u>	648		(3)	(3)	Common Stock	648	\$ 0

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CARTER MOLLIE H 818 S. KANSAS AVE. TOPEKA, KS 66612	Х							
Signatures								
Cynthia S. Couch by power of attorney	10/02/2015							
**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) Includes 314 deferred share units acquired through the reinvestment of dividend equivalents.
- (2) Units convert into common stock on a one for one basis.
- (3) Share units received as a partial payment of retainer and meeting fees that have been deferred pursuant to a non-employee director deferred compensation plan.
- (4) Includes 317 deferred share units acquired through the reinvestment of dividend equivalents.

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.