

# ALLETE INC Reported by DEVINCK STEVEN Q

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 05/11/17 for the Period Ending 05/09/17

Address 30 W SUPERIOR ST

DULUTH, MN 55802-2093

Telephone 2182795000

CIK 0000066756

Symbol ALE

SIC Code 4931 - Electric and Other Services Combined

Industry Electric Utilities

Sector Utilities

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. 1	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DeVinck Steven Q					Al	ALLETE INC [ ALE ]							Director	,	10	% Owner		
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (give title below) Other (specify below)			fy below)			
30 WEST SUPERIOR STREET						5/9/2017								Senior Vice President				
	(Stre	et)			4. ]	lf An	nendme	nt, Date C	)rigi	nal File	ed (MM/D	D/YYY	YY)	6. Individual c	or Joint/G	roup Filing (	Check Appl	icable Line)
DULUTH, MN 55802 (City) (State) (Zip)													X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(0		) (=		I - No	n-Der	ivati	ive Seci	ırities Ac	quir	ed, Di	sposed o	f, or	Bene	eficially Owne	ed			
1.Title of Security (Instr. 3)				e 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de	4. Securities or Disposed (Instr. 3, 4 a		(D) F		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership			
								Code	V	Amoun	(A) or (D)	Price	e					(Instr. 4)
Common Stock 5/9/201				017			S		2000	D	\$69.6	57	8930.03 (1)		D			
Common Stock														7	3.9 (2)		I	By RSOP Trust
	Tabl	le II - Der	ivative	Secui	ities l	Bene	ficially	Owned (	e.g.	, puts,	calls, wa	arrar	nts, o	ptions, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	2	Execution	3A. Deemed Execution Date, if any		Code	be 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date			ities U		Derivative Security	Securities Beneficially Owned	Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)		Date Expiration Exercisable Date	Expiration Date	Title	Amou Share	unt or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

- (1) Includes shares acquired in exempt transactions under the dividend equivalent feature of restrictive stock unit grants made pursuant to ALLETE's executive long-term incentive plan; based on plan information available as of April 28, 2017.
- (2) Includes shares acquired in exempt transactions pursuant to ALLETE's retirement savings and stock ownership plan (RSOP); based on RSOP plan information available as of April 28, 2017.

#### Reporting Owners

reporting owners									
Panarting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
DeVinck Steven Q									
30 WEST SUPERIOR STREET			Senior Vice President						
DULUTH, MN 55802									

#### **Signatures**

Ingrid K. Johnson for Steven Q. DeVinck

\*\*Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.