AON CORP Form 4 May 24, 2005

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

> 10% Owner Other (specify

SECURITIES

Estimated average burden hours per 0.5 response...

Form 4 or 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * WOO CAROLYN Y

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

AON CORP [AOC]

(Last) (First) (Middle)

Officer (give title

X Director

(Check all applicable)

AON CORPORATION -

CORPORATE LAW DEPT, 200 EAST RANDOLPH STREET, 8TH

(Street)

(State)

FLOOR

4. If Amendment, Date Original

3. Date of Earliest Transaction

(Month/Day/Year)

05/20/2005

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

CHICAGO, IL 60601

(Month/Day/Year)

(Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

2,136

(1)

6. Ownership 7. Nature of 5. Amount of Securities Form: Direct Indirect Beneficially Beneficial (D) or Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported

D

Code V Amount (D)

Α

Price

24 81

(Instr. 3 and 4)

3,148

Transaction(s)

Common Stock

05/20/2005

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

(A)

SEC 1474 (9-02)

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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	<u>(2)</u>	05/20/2005		A	806.127 (3)		05/20/2005	<u>(4)</u>	Common Stock	806.127

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Funite / Funitess	Director	10% Owner	Officer	Other		
WOO CAROLYN Y						
AON CORPORATION - CORPORATE LAW DEPT 200 EAST RANDOLPH STREET, 8TH FLOOR						
CHICAGO, IL 60601						

Signatures

/s/ Jennifer L. Kraft - by Jennifer L. Kraft pursuant to a power of attorney from Carolyn Y. Woo

05/24/2005

**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) Shares of common stock acquired in connection with the grant of an outside director stock award made annually to each non-employee director of Aon Corporation.
- (2) The phantom stock units convert to shares of common stock on a 1-for-1 basis.
- (3) The phantom stock units represent amounts credited to a directors' retirement account on behalf of each outside director.
- (4) The phantom stock units will be paid in Aon Corporation common stock in ten annual installments upon retirement, death or disability.

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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