## Edgar Filing: Zern John - Form 4

Zern John Form 4											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549					OMMISSION	OMB APPROVAL OMB 3235-028 Number:					
Subject to Section 16. Form 4 or Form 5 obligations may continue Section 17(a) of the			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						Expires: Estimated a burden hour response	•	
1(b). (Print or Type R	esponses)										
1. Name and Address of Reporting Person *       2.1         Zern John       Sym			Symbol	er Name <b>and</b> c [AON]	<b>d</b> Ticker or	Tradii	0	5. Relationship of Reporting Person(s) to Issuer			
(Mo				f Earliest T Day/Year) 2017	ransaction		1	(Check all applicable) <u></u> Director <u></u> 10% Owner <u>X</u> Officer (give title <u></u> Other (specify below) <u>below</u> ) CEO, Global Health & Benefits			
			onth/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				
(City)		(Zip)	Tab	le I - Non-I	Derivative	Secur		Person ired, Disposed of,	or Beneficiall	v Owned	
	2. Transaction Date (Month/Day/Year)		d Date, if	3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)		quired (A) D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class A Ordinary Shares	11/30/2017			Code V S	Amount 17,680	or (D)	Price \$ 139.79	Transaction(s) (Instr. 3 and 4) 27,695	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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	ate	7. Title an Amount o Underlyin Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Zern John 200 EAST RANDOLPH ST. CHICAGO, IL 60601			CEO, Global Health & Benefits			
Signatures						
/s/Molly Johnson, pursuant to a	a power o	f attorney fro	om John			

Zern	12/04/2017
**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).

The price reported is a weighted average price. Shares were sold in a series of transactions within the same trading day at prices ranging
 (1) from \$139.68 to \$140.06, inclusive. Full information regarding the number of shares sold at each separate price is available upon request by the Commission staff, the issuer, or a security holder of the issuer.

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.