

AON PLC Reported by LIEB PETER M

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/01/12 for the Period Ending 01/31/12

Telephone (44) 20 7623 5500

CIK 0000315293

Symbol AON

SIC Code 6411 - Insurance Agents, Brokers, and Service

Industry Insurance (Miscellaneous)

Sector Financial

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

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2011

Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **OF SECURITIES**

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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol					bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LIEB PETER M				A	AON CORP [AON]											
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)					Directo	or	_	10% O	wner		
												X Office below)	er (give title	e below)	Othe	r (specify
AON CORPO	RATIO	N -						1/31/20)12			EVP & G	eneral C	ounsel		
CORPORATI																
EAST RANDO	OLPH S	TREE	T, 8TF	I												
FLOOR																
									6. Individual or Joint/Group Filing (Check Applicable Line)							
CHICAGO, II	L 60601											V F	1.11.0	D		
(City)	(State)	(Zip))							_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1			2. Tra Date	te Deemed C						ng Reported Transaction(s) and 4)			Direct (D) Ownershi			
						any		Code V A	Amount (A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	Execution Date, if	4. Trans Code (Instr. 8)	. E S . A D	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				7. Title and Am Securities Unde Derivative Secu (Instr. 3 and 4)		erlying urity		of derivative Securities Beneficially Owned Following Reported	Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title		ount or nber of res		Transaction (s) (Instr. 4)	4)	
Phantom Stock	(1)	1/31/2012		A		6.72		(2)	(2)	Common Stock	n	6.72	\$48.43	979.25 (3)	D	

Explanation of Responses:

- (1) Each share of phantom stock acquired under the issuer's deferred compensation plan represents the right to receive the cash value thereof.
- (2) Shares of phantom stock are payable in cash in ten annual installments following the reporting person's retirement. Subject to the issuer's compliance procedures for its Section 16 reporting officers, the reporting person may transfer shares of common stock into an alternative investment account under the issuer's deferred compensation plan.
- (3) Includes shares acquired pursuant to dividend reinvestment.

Reporting Owners

reporting o where						
Panarting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LIEB PETER M AON CORPORATION - CORPORATE LAW DEPT	1		EVP & General Counsel			

200 EAST RANDOLPH STREET, 8TH FLOOR		
CHICAGO, IL 60601		

Signatures

/s/ Matthew M. Rice - by Matthew M. Rice pursuant to a power of attorney from Peter Lieb

2/1/2012

** 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.