

AON PLC Reported by APPEL ANDREW M

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/23/09 for the Period Ending 03/19/09

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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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **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 Add	ress of Re	porting l	Person *	2.	. Iss	suer Nam	ie a	nd Ticker	or Tradi	ng Symb	ol 5. Relation (Check all			Person(s)	to Issuer
Appel Andrew	v M			A	O	N COR	P [[AOC]							
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner			
											X Office below)	er (give title	e below)	Othe	r (specify
C/O AON CORPORATE LAW												n Benfie	eld		
DEPT, 200 E A		NDOL	PH												
STREET, 8TH															
	(Street)					Amendm DD/YYYY)		, Date Ori	iginal File	ed	6. Individi Applicable Li		nt/Group l	Filing (Che	eck
CHICAGO, II	r. 60601			(11	1111/1	<i>50,</i> 1111)					пррисцоге Ел	inc)			
(City)	(State)	(Zip)	`								X Form fi	led by One	Reporting Per	rson	
(City)	(State)	(Zip)	,								Form file	d by More t	than One Rep	orting Person	n
		Table l	I - Non-I)eriv	ati	ve Secur	itie	s Acquire	ed, Dispo	sed of, o	r Beneficially	y Owned	l		
1.Title of Security (Instr. 3)				2. Tra Date	ans.	2A. Deemed Execution Date, if any	n (I	ode Anstr. 8) E	Construction Securities Acquired (A) Disposed of (Instr. 3, 4 an (A) or (D)	or Foll D) (Ins d 5)	mount of Securitic owing Reported T tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Tabl	le II - Dei	rivative	Securitio	es Be	nef	icially O	wn	ed (<i>e.g.</i> ,	puts, cal	ls, warr	ants, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans Code (Instr 8)	s.]	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date				8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)		
Employee Stock Option (Right to Buy)	\$38.93	3/19/2009		A		23119		(1)	3/19/2015	Common Stock	23119	(2)	23119	D	

Explanation of Responses:

- (1) Vesting will occur in accordance with the terms of the Aon Stock Incentive Plan as follows: one-third of the options will vest on each of the first through third anniversaries of the date of grant.
- (2) Stock option granted pursuant to the Aon Stock Incentive Plan.

Reporting Owners

Relationships						
Director	10% Owner	Officer	Other			
		CEO - Aon Benfield				
		Director 10% Owner	Director 10% Owner Officer			

Signatures

/s/ Jennifer L. Kraft - by Jennifer L. Kraft pursuant to a power of attorney from Andrew M. Appel

3/23/2009

** 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.