

AON PLC Reported by BESIO GREGORY J

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/10/13 for the Period Ending 05/08/13

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Add	dress of Re	eporti	ng Person	*	2. Is	suer Nar	ne an	d T	Γicker	or T	rading	g Syı	mbol	5. Relation (Check all			ng Person	n(s) to Issuer
Besio Gregor	y J				Aoı	n plc [AON	[]										
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								Directe			109	6 Owner	
														X Office below)	er (give title	e below)		Other (specify
C/O AON CO	ORPOR.	ATE	LAW					5/	8/201	3				EVP/Chie	ef HR Of	ficer		
DEPT, 200 E	AST RA	ND	OLPH															
STREET, 8T	H FL																	
	(Street)					Amenda DD/YYYY		Da	ite Ori	gina	l Filed	1		6. Individu Applicable Li		nt/Grou	ıp Filing	(Check
CHICACO	IT 60601	i			(IVIIVI/	ישט/ 1111	1)							Applicable Li	ille)			
CHICAGO, IL 60601												X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)		(Zip)											Form file	d by More t	han One	Reporting P	erson
		Tab	ole I - Non	-Der	ivati	ive Secu	rities	A	cquire	d, D	ispos	ed of	f, or E	Beneficially	y Owned			
1. Title of Security 2.		2. Tr Date		2A. Deemed Execution Date, if	3. Tran Code (Instr. 8		4. Secur or Dispe (Instr. 3	of (D)	Owned (s)		nount of Securities Beneficially d Following Reported Transaction 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
					- 1	any	Code	v	Amoun	(A) or (D)	Prio	ce	(msu.	3 and 4)			or Indirect (I) (Instr. 4)	(Instr. 4)
Class A Ordinary Shares 5/				5/8/2	2013		S		9757	D	\$63.91	1 (1)		90767.12			D	
Class A Ordinary Shares			5/8/2	2013		I		8006	D	\$64.	80	0				I	Through Aon Savings Plan and Supplemental Savings Plan	
Tal	ole II - De	rivati	ive Securi	ties E	Bene:	ficially (Owne	d (e.g.,	puts	, calls	s, wa	ırrant	ts, options	, convert	ible sec	curities)	
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date Exec	Deemed Execution Date, if	rans. Code Instr. 8	Der Sec Acc Dis	Number of ivative urities quired (A) of posed of (I str. 3, 4 and	and and	6. Date Exercisable and Expiration Date			Secu Deri	7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		ing Derivative		of derivativ Securitie Benefici Owned Followir Reported	Owner Form of Deriva Securit Direct or Indi d (I) (Ins	Ownership (Instr. 4) (D) (ect
			С	Code	V (A) (D)			Date Expiration Exercisable Date		Title	Amo Shar	ount or Number of es		Transaction (s) (Instr.				

Explanation of Responses:

(1) The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$63.81 to \$63.955, inclusive. The reporting person undertakes to provide to Aon plc, or the Staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Reporting Owners

Keporung Owners									
Depositing Overson Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Besio Gregory J C/O AON CORPORATE LAW DEPT 200 EAST RANDOLPH STREET, 8TH FL			EVP/Chief HR Officer						
CHICAGO, IL 60601									

Signatures

/s/ Matthew M. Rice - by Matthew M. Rice pursuant to a power of attorney from Gregory J. Besio

5/10/2013

** 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.