HOFFMAN JAMES E

Form 4

DRIP 401(k)

COMMON IN

(RESTRICTED)

11/18/2004

STREET COMMON

November 19, 2004

FORM 4	L								OMB APPRO	VAL	
	UNITE	ED STATI	ES SECURITIE Washingt			IGE C	COMMISS	CIVIL	32 nber:	35-0287	
Check this bo if no longer				·				Expi	Jan	uary 31, 2005	
subject to Section 16. Form 4 or	STAT	TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						P OF Estin	Estimated average burden hours per response		
Form 5 obligations may continue <i>See</i> Instruction 1(b).	Section	17(a) of th	o Section 16(a) one Public Utility In the Investment of the Invest	Holding C	Company	Act of	1935 or S				
(Print or Type Resp	onses)										
1. Name and Address of Reporting Person ** HOFFMAN JAMES E			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			ALLIANT EN	NERGY (CORP [L	NT]		(Check all ap	nlicable)		
(Last)	(First)	(Middle)	3. Date of Earlie	st Transacti	on			(Check all ap	,pricuore)		
PO BOX 2568			(Month/Day/Year) 11/18/2004				Director 10% Owner X Officer (give title Other (specify below) below) EXECUTIVE VICE PRESIDENT				
	(Street)		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
File			Filed(Month/Day/	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
MADISON, W	I 53701						Person	ed by More tha	n One Reporting	3	
(City)	(State)	(Zip)	Table I - No	on-Derivat	ive Securit	ies Acq	uired, Dispo	osed of, or Be	eneficially Ow	ned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acq TransactiorDisposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			nired (A) or	Securities Beneficially Owned Following Reported Transactions	S Ownership Hally Form: Direct (D) G or Indirect (I)	Beneficia Ownershi	
				Code V	Amount	(D)	Price	(Instr. 3 and	4)		
COMMON								1,498	D		

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

 $J_{(1)}$

38.4662 A

Persons who respond to the collection of information contained in this form are not (9-02)

1,697.9076

4,022.7914

12,750

D

D

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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)

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. 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 A Underlying So (Instr. 3 and 4
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
DEFERRED COMMON STOCK	\$ 0	11/18/2004		J(2)	162.34	08/08/1988(3)	08/08/1988(3)	COMMON

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

HOFFMAN JAMES E PO BOX 2568 MADISON, WI 53701

EXECUTIVE VICE PRESIDENT

Signatures

F. J. Buri as 11/19/2004 POA for **Signature of Date Reporting Person

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 reporting person acquired 38.4662 shares under the company's dividend reinvestment plan, pursuant to a dividend reinvestment **(1)** transaction exempt from Section 16 under Rule 16a-11.
- The reporting person acquired 162.34 shares under the company's dividend reinvestment plan, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.
- (3) Units are to be settled upon reporting person's retirement.

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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