FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no Section 16. Form 4 obligations may continue. See Instruction 1(b). 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 Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol ALLETE INC [ALE] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|---------------|-------|---|-----------------|---|---|--|--|------------------------------|---|------------------------------------|---|----------------------------|---|---|---|---|--|------------|
| <u>Hodnik Alan R</u> | | | | | | [11111] | | | | | | | | | | Direc | ctor | 10% Owner | | Owner |
| (Last) 30 WEST | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/03/2012 | | | | | | | | | X | Officer (give title Other (specibelow) Chairman, President & CEO | | | | |
| (Street) | H MI | NI E | 55802 | | 4. 11 | Ame | ndmen | t, Date | of Original Filed (Month/Day/Year) | | | | | | Line) | | | up Filing (Check Applicable | | |
| (City) | | | 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. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | nd 5) Securiti Benefic Owned | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount | (A) or (D) | | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 02/03/2 | | | 2012 | 012 | | | A | | 5,588.94 | 1 | A | \$ | 0 | 22, | 054.56 | D | | | | |
| Common Stock 02/03/20 | | | | 2012 | 012 | | | F | | 3,094.81 | ,094.81 D \$ | | \$42 | 2.05 | 18,959.75 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 4,744.65 ⁽¹⁾ | | I | | By RSOP Trust | |
| Common Stock | | | | | | | | | | | | | | | 137.78 | | I | | As Custodian for Children's Accounts | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, To Security or Exercise (Month/Day/Year) if any | | | | | ansaction of | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi Fori Dire or II (I) (I | nership n: oct (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | Code V (A) (D | | (D) | Date Exercis | able | Expiration Date | Title | Nu of | or Number of Shares | | | | | | | | | | |

Explanation of Responses:

1. Includes shares acquired in exempt transactions under ALLETE's retirement savings and stock ownership plan (RSOP) and is based on RSOP plan information available as of February 1,2012.

Remarks:

Ingrid K. Johnson for Alan R. **Hodnik**

02/07/2012

** 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 Number.