FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |          |  |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |  |
| Estimated average h | nurden   |  |  |  |  |  |  |  |  |

0.5

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| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| Instruction 1(h)                       |

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* <u>Hodnik Alan R</u> |   |     |                |                                |                | 2. Issuer Name and Ticker or Trading Symbol ALLETE INC [ ALE ] |   |               |               |   |                     |  |          |                              |   |   | p of Reportin<br>blicable)<br>ctor  | g Persor   | 10% C   |                     |  |
|---|---|-----|----------------|--------------------------------|----------------|--|---|---------------|---------------|---|---------------------|--|----------|------------------------------|---|---|---|--|---|---------------------|--|
| (Last) (First) (Middle) 30 WEST SUPERIOR STREET               |   |     |                |                                |                | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015    |   |               |               |   |                     |  |          |                              |   |   | er (give title<br>w)<br>airman, Pro   | Other (specify below)  |   |                     |  |
| (Street)  DULUTI  (City)                                      |   |     | 55802<br>(Zip) |                                | 4. If          | 4. If Amendment, Date of Original Filed (Month/Day/Year)       |   |               |               |   |                     |  |          |                              | 5. Indiv<br>ine)<br>X   | Forn<br>Forn                            | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |                     |  |
|   |   | Tab | le I - No      | n-Deriv                        | ative          | Sec  | uritie  | s Acc         | quired,       | Dis   | posed o             | f, o   | r Bei    | nefici                       | ally  | Owne                                    | ed  |  |   |                     |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |     |                |                                | Execution Date |  |   | Transaction I |               | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4                        |                     |  |          | l and 5) Secu<br>Bene<br>Own |   | cially<br>d Following                   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                     |  |
|   |   |     |                |                                | Code           | v  | Amount  |               | (A) or<br>(D) | Price   | 9                   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |          |                              |   | (Instr. 4)                              |   |  |   |                     |  |
| Common Stock 02/05/2  |   |     |                |                                | 2015           | 2015   |   |               | F             |   | 1,105.93 D          |  | \$57     | 7.47                         | 42,257.1  |   | D   |  |   |                     |  |
| Common Stock  |   |     |                |                                |                |  |   |               |               |   |                     |  |          |                              |   | 7,7                                     | ′43.19 <sup>(1)</sup>   | I  |   | By<br>RSOP<br>Trust |  |
|   |   | Ta  |                |                                |                |  |   |               |               |   | sed of,<br>onvertib |  |          |                              |   | vned                                    |   |  |   |                     |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | rivative Conversion or Exercise (Month/Day/Year) str. 3) Price of Derivative Security Security Security |     |                | 4.<br>Transac<br>Code (I<br>8) |                | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5      | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Expiration Date Expiration Date Expiration Date Expiration Date |               |               | Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                     |  | nt<br>er |                              | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owr<br>Forr<br>Dire<br>or Ir<br>(I) (II | ership<br>n:<br>ct (D)<br>direct<br>nstr. 4)  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |                     |  |

## **Explanation of Responses:**

1. Includes shares acquired in exempt transactions pursuant to ALLETE's retirement savings and stock ownership plan (RSOP) and is based on RSOP plan information available as of February 1, 2015.

## Remarks:

Ingrid K. Johnson for Alan R. 02/05/2015 **Hodnik** 

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.