## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	OVAL					
	OMB Number: 3235-028						
l	Estimated average burden						
l	hours per response:	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

Name and Address of Reporting Person*     Hoolihan James J						2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLETE INC [ ALE ]								k all ap <sub>l</sub>	olicable)	g Person(s) to I	ssuer	
(Last) (First) (Middle) 917 4TH AVENUE NORTH WEST						3. Date of Earliest Transaction (Month/Day/Year) 06/26/2018								-	Offic belo	er (give title w)	Other below	(specify )
(Street) GRAND RAPIDS	M		55744		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line)	· ·				
(City)	(St		Zip)	D i-	- 4:	0				1 D:					0	1		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					ction	ion 2A. Deemed Execution Date,		Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)  Code W Amount (A) or Britannia			or 5. Ar Secu Bene Own Repo		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock 06/26/20						018		Code S <sup>(1)</sup>	V	Amount 800	(D)	F"	7.22 <sup>(2)</sup>	(Instr.	3 and 4)	D		
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  Security  3. Transaction Date (Month/Day/Year) if any (Month/Day/Year)  (Month/Day/Year)		on Date, Day/Year) -		4. 5. Transaction of Code (Instr. 8) Sc AA (A Di of (Ir ar		osed ) :. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		ate Amount of		Der Sec (Ins	rice of ivative urity ttr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 22, 2018
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$77.06-\$77.29, inclusive. The reporting person undertakes to provide to ALLETE, any security holder of ALLETE, or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range provided above.
- 3. Includes shares acquired in exempt transactions pursuant to the dividend reinvestment feature of ALLETE's stock purchase and dividend reinvestment plan based on plan information available as of June 26, 2018. Also, includes shares acquired in exempt transactions under a broker-administered dividend reinvestment plan that is substantially similar to the dividend reinvestment feature of ALLETE's stock purchase and dividend reinvestment plan, based on plan information available as of June 26, 2018.

## Remarks:

<u>Ingrid K. Johnson for James J.</u> <u>Hoolihan</u>

06/27/2018

\*\* 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.