FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Filed By Romeo & Dye's Instant Form 4 Filer

OMB APPROVAL

1. Name and Address of Reporting Person*		er Name and Ticker or TE (ALE)	Trading S	бушоот	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Brekken Kathleen A.		12 (122)			<u>X</u> Director10% Owner					
(Last) (First) (Middle)		S. Identification Number		tatement for hth/Day/Year	Officer (give title below) _ Other (specify below)					
32057 - 64th Avenue	if an en	tity (voluntary)	10/7	7/02		_				
PO Box 20										
(Street)	1		5. If	Amendment,	7. Individual or Joint/Group Filing (Check Applicable Line)					
,			Date	e of Original	X Form filed by One Reporting Person					
Cannon Falls, MN 55009				nth/Day/Year)	Form filed by More than One Reporting Person					
			ľ							
(City) (State) (Zip)		Table I — N	Non-Deri	vative Securitie	s Acquired, Disposed of, or Beneficially Owned					
1. Title of Security 2. Trans- 2A. Deemed 3.	Trans-	4. Securities Acquired	d (A) or D	Disposed of (D)	5. Amount of	6. Owner-	7. Nature of Indirect			
(Instr. 3) action Execution ac	ion Code	e (Instr. 3, 4 & 5)		• , ,	Securities	ship Form:	Beneficial Ownership			
	str. 8)				Beneficially	Direct (D)	(Instr. 4)			
(Month/ Day/ if any	Code V	Amount	(A)	Price	Owned Follow-	or Indirect (I)				
Year) (Month/Day/			or		ing Reported Transactions(s)	(Instr. 4)				
Year)			(D)		(Instr. 3 & 4)					
Common Stock 8/1/02	L	141.449	A	23.33	10593.025(1)	D				
				[

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

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

FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2. Conver-	3.	3A.	4.	5. Number of Derivative		6. Date		7. Tit	tle and Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	sion or	Trans-	Deemed	Trans-	Securities Acqu	Exercisable		of Ur	nderlying	Derivative	Derivative	Owner-	of Indirect	
Security	Exercise	action	Execution	action	Disposed of (D)	and Expiration		Secu	rities	Security	Securities	ship	Beneficial	
	Price of	Date	Date,	Code			Date		(Insti	r. 3 & 4)	(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative	ivative if any (Instr. 3, 4 & 5)		1	(Month/D	ay/	ľ			Owned	of	(Instr. 4)		
Becauty	(Month/ (Mo	L .	(Instr.		Year)					Following	Deriv-			
		Day/ Year)	Day/ Year)	8)								Reported	ative	
												Transaction(s)	Security:	
												(Instr. 4)	Direct	
				<u> </u>									(D)	
				Code	(A)	(D)	Date	Expira-	Title	Amount or			or	
							Exer-	tion		Number of			Indirect	
							cisable	Date		Shares			(I)	1
													(Instr. 4)	1

Explanation of Responses:

(1) Includes shares acquired in exempt transactions under the dividend reinvestment feature of ALLETE's stock purchase and dividend reinvestment plan. This information is based on a plan statement as of September 30, 2002.

> By: /s/ Philip R. Halverson Philip R. Halverson for Kathleen A. Brekken Date

October 7, 2002

**Signature of Reporting Person

**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.

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).