FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* AMBERG DEBORAH A | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLETE INC [ALE] | | | | | | | | | Check | all app | oplicable) | | Person(s) to Issuer 10% Owner Other (specify | |
|--|--|---------------------|--|-------|---|--|---|-----|-------------------|--|--------------------|---|---|---------------------|---|---|---|---|---|--|
| (Last) 30 WEST | (Fii Γ SUPERIC | rst) (OR STREET | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2010 | | | | | | | | | X | belov | pelow) below) rVP, Gen. Counsel & Secretary | | | | |
| (Street) DULUTH (City) | | | 55802 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | on |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ties Acquired (A) or d Of (D) (Instr. 3, 4 a | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | Transa | | ction(s) 3 and 4) | | | (111501.4) |
| Common Stock | | | | | 3/2010 | | | | A | | 1,010 |) | A | \$ | 0 | 4,141.2(1) | | | D | |
| Common Stock | | | | | | | | | | | | | | | | 6,7 | 11.27(2) | | I | By RSOP Trust |
| | 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 | | 3A. Deemed Execution Date if any (Month/Day/Yea | Date, | 4. Transaction Code (Instr. | | n of | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ow For Dir or (I) | vnership rm: 'ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

- 1. Includes shares acquired in exempt transactions under the dividend reinvestment feature of ALLETE's stock purchase and dividend reinvestment plan and pursuant to the dividend equivalent feature of a restricted stock grant under ALLETE's executive long-term incentive compensation plan, and is based on plan information available as of December 31, 2009.
- 2. 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 December 31, 2009.

Remarks:

Ingrid K. Johnson for Deborah 01/20/2010 A. Amberg

** 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.