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

OMB APPROVAL

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 www.section16.net

1 0					Name and Ticker or T E (ALE)	rading S	ymbol	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Evans Dennis E.					,			X Director	ner				
(Last) (First) (Middle)					Identification Number		atement for th/Day/Year	Officer (give title below)	Other (specify below)				
11203 East Honey	Mesquite 1	Drive		-	ity (voluntary)	1/2/0			_				
	(Street)						Amendment, of Original	7. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
Scottsdale, AZ 85262				(Month/Da				Form filed by More than One Reporting Person					
(City)	(State)	(Zip)			Table I — No	on-Deriv	ative Securitie	es Acquired, Disposed of, or Beneficially Owned					
1. Title of Security 2. Trans- (Instr. 3) action Execution act Date Date, (In				ode	4. Securities Acquired (Instr. 3, 4 & 5)	(A) or D	/	Securities	6. Owner- ship Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	(Month/ Day/ Year)	if any (Month/Day/ Year)	Code	V	Amount	(A) or (D)	11100	l .	or Indirect (I) (Instr. 4)				
Common Stock								25634.884 ⁽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					1	1	
1. Title of	2. Conver-	3.	3A.	4.		Number of Der	ivative	6. Date		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	sion or	Trans-	Deemed	Trans	-	Securities Acquire	ed (A) or	Exercisa	ble	of Underlying		Derivative	Derivative	Owner-	of Indirect
Security	Exercise	action	Execution	action	ı	Disposed of (D)		and Expi	iration	Securities		Security	Securities	ship	Beneficial
	Price of	Date	Date,	Code				Date		(Instr. 3 & 4)		(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative	1	if any			(Instr. 3, 4 & 5)		(Month/Da	y/	l` ′		ľ	Owned	of	(Instr. 4)
	Security	I.	(Month/	(Instr.		Ì		Year)					Following	Deriv-	<u> </u>
		Day/ Year)	Day/ Year)	8)								Reported	ative		
		l'ear)	1000)	ľ							Transaction(s)	Security:			
		1		Code	v	(A)	(D)	Date	Expira-	Title	Amount	1	(Instr. 4)	Direct	
		1				(-1)	(2)	Exer-	tion	1	or		<u> </u>	(D)	
		1			Ш			cisable	Date		Number			or	
		1			Ш			Cisabic	Dute	1	of			Indirect	
		1			Ш						Shares			(I)	
		1			Ш									(Instr. 4)	
Stock Option	n 23.20	1/2/03		Α	П	1500		see	1/2/13	Common	1500		1500	D	
(right to								below.(2)		Stock					
buy)								DC15W							

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 December 31, 2002.

(2) Option vests annually, 50% in 2004 and 50% in 2005.

By: /s/ Philip R. Halverson Philip R. Halverson for Dennis E. Evans **Signature of Reporting Person

January 3, 2002 Date

**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).