FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| 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

| 1. Name and Address of Reporting Person* DeVinck Steven Q | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALLETE INC [ALE] | | | | | | | | | all app Direc | olicable) ctor | g Person(s) to Is | | Owner |
|--|---|--|--|---------|--------------------------------|--|--|--------|------------------------------------|--------|---|-------|--|-------|----------------------------|---|---|---|---|--|
| (Last) (First) (Middle) 30 WEST SUPERIOR STREET | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2014 | | | | | | | | | belov | , | | Other (specify below) P Bus. Support | |
| (Street) DULUTH MN 55802 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indiv ine) X | , | | | | |
| | | Tabl | e I - Nor | ı-Deriv | ative | Se | curiti | es Acc | quired, | Dis | osed o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 4 and Secu Bene Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | v | Amount | (A) or (D) | | Pric | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock 01/27/ | | | | | | | 2014 | | A | | 752 | | A | \$ | \$0 7, | | 78.56(1) | | D | |
| Common Stock | | | | | | | | | | | | | | | | 6,6 | 37.19(2) | | I | By RSOP Trust |
| | | Та | ıble II - C | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Date, | 4. Transactic Code (Inst | | | | 6. Date E Expiratio (Month/D | n Date |) | or | | | Deri Sec | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | wnership orm: irect (D) r Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | ares | | | | | | |

Explanation of Responses:

- 1. Includes shares acquired in exempt transactions pursuant to the dividend equivalent feature of restricted stock granted under ALLETE's executive long-term incentive compensation plan, based on plan information available as of December 31, 2013.
- 2. Includes shares acquired in exempt transactions under ALLETE's retirement savings and stock ownership plan (RSOP), based on RSOP plan information available as of December 31, 2013

Remarks:

<u>Ingrid K. Johnson for Steven</u> <u>Q. DeVinck</u>

01/29/2014

** 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.