Edgar Filing: Invesco Ltd. - Form 4

Invesco Ltd. Form 4 October 22, 2	009										
FORM	Δ								PPROVAL		
CURINE 4 UNITED STATES SECURITIES AND EXCHANCE Washington, D.C. 20549					NGE	COMMISSION	OMB Number:	3235-0287			
Check this								Expires:	January 31,		
if no longe subject to	STATEM	ENT OF CHAN	IGES IN I	GES IN BENEFICIAL OWNERSHI				Estimated a	2005 average		
Section 16		SECURITIES						burden hours per			
Form 4 or					_			response	0.5		
Form 5 obligations	· ·	suant to Section 1					-				
may contin	nue. Section 17(a	a) of the Public U 20(h) of the L	•	•	• •			n			
See Instruc	ction	30(h) of the Ir	ivestment	Compan	Act	OI 19	40				
1(b).											
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> 2. Issuer Name				e and Ticker or Trading 5. Relationshi			5. Relationship of	of Reporting Person(s) to			
LAWRENCE					Issuer						
Invesco			sco Ltd. [IVZ]				(Check all applicable)				
(Last)	(First) (M	liddle) 3. Date o	f Earliest Tra	ansaction			(Chec	.k an appneabl	-)		
(Month/Da			th/Day/Year)			_X_ Director10% Owner					
1555 PEACHTREE STREET 10/21/20			009			Officer (give title Other (specify below) below)					
NE, SUITE 1	800						,				
(Street) 4. If Amer			ndment, Date Original			6. Individual or Joint/Group Filing(Check					
	onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person						
	C A 20200						_X_ Form filed by Form filed by N				
ATLANTA,	GA 30309						Person		1 0		
(City)	(State) ((Zip) Tab	le I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		ion Date, if TransactionAcquired (A) or Code Disposed of (D) //Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Securities	Form: Direct			
(Instr. 3)		any (Month/Day/Year)					Beneficially Owned	(D) or Bene Indirect (I) Own	Beneficial Ownership		
(Hohth Day) I ca			(1) (1)				Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
G			Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common	10/21/2009		А	767	А	\$0	13,972	D			
Shares											

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr	
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LAWRENCE EDWARD P 1555 PEACHTREE STREET NE SUITE 1800 ATLANTA, GA 30309	Х						
Signatures							
/s/ Jonathan J. Doyle, as Attorney in Fact	10/22/2009						
**Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).

Remarks:

This Form 4 reports the acquisition by the reporting person of Common Shares resulting from a quarterly grant to the registrar

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.