FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	S
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*						2. Issuer Name and Ticker or Trading Symbol WESTAR ENERGY INC /KS [WR]										all app Dired	olicable) ctor	10	Person(s) to Iss	
(Last) 818 S K	(Fii	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/20/2015									X	Officer (give title Other (specify below) below) SVP, Generation and Marketing				
(Street) TOPEKA KS 66612					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	•				
(City)	(St	ate) (Zip)														Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, o	r Ber	nefic	ially	Owne	ed			
Date				2. Transa Date (Month/Da		r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			d (A) o r. 3, 4 a	and 5) Secu Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
						Code	v	Amount		(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock Par Value \$5.00					01/20/2015						2,190		A	5	\$ <mark>0</mark>	10,315(2)		D		
Common Stock Par Value \$5.00 01/20/					2015				F ⁽³⁾		688		D	\$41	\$41.685		,627 ⁽²⁾	D		
Common Stock Par Value \$5.00 01/20/2					2015				G ⁽⁴⁾	V	1,502		D	\$0		8,125(2)		D		
Common Stock Par Value \$5.00 01/20				0/2015				G ⁽⁴⁾ V		1,502	02 A			\$ 0	14,049		I	- 1	Held by trust	
		Та									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execut y or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/D	n Date, Transacti Code (Ins		Instr.	5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr and !	6. Date Expiration (Month/L	on Dat Day/Ye	e Amo Sect Undd Derri Sect and		7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares		Deri Seci (Inst	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (or Indir (I) (Insti	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Vesting of 2,190 performance-based restricted share units that were granted on February 23, 2012, with a vesting date of January 1, 2015. Under the terms of the grant, the number of shares to be received by the Reporting Person at vesting is increased or decreased based on the Issuer's Total Shareholder Return as compared to the Total Shareholder Return for a defined Peer Group of companies for the defined Performance Period. The determination that the performance criteria relating to the grant had been met and the calculation of the number of shares to be distributed were completed on January 20, 2015.
- 2. Includes 8,125 restricted share units that are subject to forfeiture.
- 3. Forfeiture of 688 shares for the payment of taxes upon the vesting of 2,190 performance-based restricted share units granted on 2/23/2012 and described in this report.
- 4. Shares were transferred from the reporting person to the reporting person's trust, for which he and his spouse are co-trustees and beneficiaries.

Remarks:

Cynthia S. Couch by power of attorney

01/21/2015

** 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.