FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average	hurdon								

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

,	Estimated avera	en	0.5					
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nship of Reporting Person(s) to Issuer I applicable)								
Director		10% O	wner					
Officer (giv below)	e title	Other (below)	y					
Chief E Offi								

1. Name and Address of Reporting Person* CHESSER MICHAEL J						2. Issuer Name and Ticker or Trading Symbol GREAT PLAINS ENERGY INC [GXP]										all app	olicable) ctor	ng Pers	Person(s) to Issuer 10% Owner Other (appoint)		
(Last) (First) (Middle) C/O GREAT PLAINS ENERGY INCORPORATED 1200 MAIN STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2011									X	Officer (give title below) Chief Executive Officer						
(Street) KANSAS	S CITY M		64105 (Zip)		- 4. If	Ame	endment	, Date o	of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					son	
	`			n-Deriv	/ative	Se	curitie	es Acc	uired,	Dis	posed c	of, o	r Ben	efici	ally (Owne	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date,		3. 4. Securit Transaction Disposed Code (Instr. 5)							5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	nount (A) or (D)		Price	e	Reported Transaction(s (Instr. 3 and 4				(Instr. 4)	
Common	Stock			05/26	5/26/2010 W 200 ⁽¹⁾ A \$0 200 I						I	Wife									
Common	ommon Stock											2,184 ⁽²⁾			I	ESP 401(k)					
Common	Stock			02/05	5/2011				F		5,774(3)	D	\$19	9.76	76 205,164 ⁽⁴⁾ D					
		Ta									osed of, onvertib					vned					
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		n Date,	4. Transaction Code (Instr. 8)		Of Deriv Secu Acqu (A) O Dispo of (D (Insti	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year) Date Expira Exercisable Date			Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Security Instr. and 4)		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or Fo Di or (I)). wnership orm: irect (D) · Indirect i (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. Wife's inheritance from her mother in May 2010.
- 2. Amount includes 167 shares acquired between May 5, 2010 and February 5, 2011, from automatic payroll deduction and investment in the Company's 401(k) Plan.
- 3. Relinquished to the Company for withholding taxes incident to the vesting of restricted stock on February 5, 2011.
- 4. Amount includes 3,502 shares acquired between May 5, 2010 and February 5, 2011, through participation in the Company's Dividend Reinvestment and Direct Stock Purchase Plan.

Remarks:

Executed on behalf of Michael

02/08/2011 J. Chesser by Ellen E.

Fairchild, attorney-in-fact

** 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.