## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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*  Fairchild Ellen E							2. Issuer Name <b>and</b> Ticker or Trading Symbol GREAT PLAINS ENERGY INC [ GXP ]									Check	all app Dired	olicable)		Issuer Owner r (specify	
(Last) (First) (Middle) C/O GREAT PLAINS ENERGY INCORPORATE 1200 MAIN STREET						3. Date of Earliest Transaction (Month/Day/Year) 03/02/2015										X Officer (give title Other (specify below)  VP, CCO and Corporate Sec'y					
(Street) KANSAS CITY MO 64105  (City) (State) (Zip)					4. If Amendment, Date 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						
					n-Deriv	ative	Se	ecuriti	es Acc	quired	, Dis	posed c	of, o	r Ben	efic	ially	Owne	ed			
D					Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				4 and Se Be Ov		ount of ities 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)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock					03/02/2015					A		1,609(	1)	A	\$0		15,234 <sup>(2)</sup>		D		
Common Stock					03/03/2015					F		1,335(	3)	D	\$26.22		13,899		D		
Common Stock					03/03/2015					A		837(4)		A	\$ <mark>0</mark>		14,736		D		
Common Stock					03/03/2015					F		279(5)		D	\$26.22		14,457		D		
Common Stock																860 <sup>(6)</sup>		I	401(k)		
			Та									osed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion ise /e	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,		Transaction Code (Instr.		of		Exerci on Dai Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			Deri Sec		9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	nde V	(4)		Date		Expiration	or Number of Shares			.					

## **Explanation of Responses:**

- 1. Award of time-based restricted stock that will vest over a three-year period pursuant to the Company's Long-Term Incentive Plan.
- 2. Amount includes 362 shares acquired between March 20, 2014, and March 3, 2015, through participation in the Company's Dividend Reinvestment and Direct Stock Purchase Plan.
- 3. Relinquished to the Company for withholding taxes incident to the vesting of restricted stock on March 3, 2015.
- 4. Award of common stock in settlement of performance share grants under the Company's Long-Term Incentive Plan.
- 5. Relinquished to the Company for withholding taxes incident to settlement of performance share grants under the Company's Long Term Incentive Plan on March 3, 2015.
- 6. Amount includes 30 shares acquired between March 20, 2014, and March 3, 2015, from re-investment of dividends on shares held in the Company's 401(k) Plan.

Executed on behalf of Ellen E.

Fairchild by Jaileah X.

03/04/2015

Huddleston, 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.