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

| Name and Address of Reporting Person* STERBENZ DOUGLAS R | | | | | 2. Issuer Name and Ticker or Trading Symbol WESTAR ENERGY INC /KS [WR] | | | | | | | | | Check | all app | ship of Reporting Pa applicable) rector fficer (give title | | Person(s) to Issuer 10% Owner Other (specify | | | |
|--|--|---|--|---------------|--|---|------|-----|------------------|--|--------------------|---|---|--|--|---|--|--|---|--|--|
| (Last) 818 S. K. | (Fii ANSAS AV | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2009 | | | | | | | | X | belov | below) below) EVP & Chief Operating Officer | | | | | | |
| (Street) TOPEKA | | | 56612 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivine) | Form | or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting forson | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | and 5) Secur Benef Owne | | cially d Following | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) |) or) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | | |
| Common Stock, Par Value \$5.00 | | | | 07/01 | 07/01/2009 | | | | F ⁽¹⁾ | | 975 | | D | \$18. | \$18.645 | | 99,743 ⁽²⁾ | |) | | |
| Common Stock, Par Value \$5.00 | | | | | | | | | | | | | | | | 11,215 | |] | Į. | Held in 401(k) Plan | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) Price of Derivative Security | | | if any | ition Date, T | | ransaction Code (Instr. | | of | | Exerci on Dat Day/Ye | | Amou Secur Under Derive Secur | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own For Dire or I (I) (I | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | nount mber ares | | | | | | | |

Explanation of Responses:

- 1. Forfeiture of 975 shares for the payment of taxes upon the vesting of 3,100 restricted share units that were granted to the officer on 7/2/2007. The acquisition of the restricted share units was previously reported at the time of the grant.
- 2. Includes 21,000 restricted share units that are subject to forfeiture.

Remarks:

Douglas R. Sterbenz

07/02/2009

** 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.