Robertson James Form 4 February 03, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB agas

OMB APPROVAL

Number: 3235-0287

Synings January 31,

Expires: 2005
Estimated average

burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

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

obligations

may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

Shares

(Print or Type Responses)

1. Name and Address of Reporting Person *

Robertson James			Symbol Invesco Ltd. [IVZ] 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2009					(Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) Senior Managing Director			
(Last) INVESCO											
ATLANTA	(Street)			ndment, Da nth/Day/Year	Č	1		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	-	rson	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative :	Securi	ties Acqu	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution		3. Transactio Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	01/30/2009			A	33,794	A	\$ 0	595,892	D		
Common Shares	01/30/2009			F	12,841	D	\$ 11.79	583,051	D		
Common								7 250	T	B _v ESOD	

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

7,259

Ι

By ESOP

Edgar Filing: Robertson James - Form 4

number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Underlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	;		(Instr. 3 and	4)	Own
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amoi	unt	
									uiit	
						Date	Expiration	Of Title Numb	h-a	
						Exercisable	Date	Title Numl	Der	
				C-1- V	(A) (D)					
				Code V	(A) (D)			Share	S	

Reporting Owners

Reporting Owner Name / Address	Relationships					
• 0	Director	10% Owner	Officer	Other		
Robertson James INVESCO LTD. 1555 PEACHTREE STREET NE ATLANTA, GA 30309	X		Senior Managing Director			

Signatures

/s/ Jonathan J. Doyle, as Attorney
In Fact
02/03/2009

**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 of common shares by the reporting person as a result of vesting of certain Share Awards - Performance Based, and the withholding of common shares incident to such vesting to satisfy tax liability.

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.

Reporting Owners 2