| Robertson Jam                                                                                                                                                 | ies                                  |                    |                                         |                                              |                                            |        |                                                                |                                                                                                |                                                                         |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------|--------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| Form 4/A<br>September 30,                                                                                                                                     | 2000                                 |                    |                                         |                                              |                                            |        |                                                                |                                                                                                |                                                                         |                                                                   |  |
| <b>FORM</b>                                                                                                                                                   | Л                                    | STATES             | SECUE                                   | PITIFS A                                     | ND FX(                                     | THA    | NGE C                                                          | OMMISSION                                                                                      |                                                                         | PROVAL                                                            |  |
|                                                                                                                                                               | UNITED                               | SIAIL              |                                         | shington,                                    |                                            |        |                                                                | OMMOSTOR                                                                                       | OMB<br>Number:                                                          | 3235-0287                                                         |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.                                                                                                   |                                      |                    |                                         | 0 /                                          |                                            |        |                                                                |                                                                                                | Expires:                                                                | January 31,                                                       |  |
|                                                                                                                                                               |                                      |                    |                                         | GES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |                                            |        |                                                                |                                                                                                | Estimated average<br>burden hours per                                   |                                                                   |  |
| Form 4 or<br>Form 5                                                                                                                                           | Filed pu                             | rsuant to 9        | Section 1                               | 6(a) of th                                   | e Securit                                  | ies F  | xchange                                                        | e Act of 1934,                                                                                 | response                                                                | 0.5                                                               |  |
| obligations                                                                                                                                                   | Section 17                           |                    |                                         |                                              |                                            |        | -                                                              | 1935 or Section                                                                                | ı                                                                       |                                                                   |  |
| may continu<br>See Instruct                                                                                                                                   |                                      | 30(h)              | of the In                               | vestment                                     | Compan                                     | y Act  | t of 194                                                       | 0                                                                                              |                                                                         |                                                                   |  |
| 1(b).                                                                                                                                                         |                                      |                    |                                         |                                              |                                            |        |                                                                |                                                                                                |                                                                         |                                                                   |  |
| (Print or Type Responses)                                                                                                                                     |                                      |                    |                                         |                                              |                                            |        |                                                                |                                                                                                |                                                                         |                                                                   |  |
| 1. Name and Address of Reporting Person *<br>Robertson James2. Issuer Name and Ticker or Trading<br>Symbol5. Relationship of Reporting Person(s) to<br>Issuer |                                      |                    |                                         |                                              |                                            |        |                                                                | on(s) to                                                                                       |                                                                         |                                                                   |  |
|                                                                                                                                                               |                                      |                    | •                                       | DLtd. [IVZ]                                  |                                            |        |                                                                | (Check all applicable)                                                                         |                                                                         |                                                                   |  |
| (Last)                                                                                                                                                        | (First)                              | (Middle)           | 3. Date of                              | f Earliest Tr                                | ansaction                                  |        |                                                                | (Chech                                                                                         | k all applicable                                                        | )                                                                 |  |
| (Month/D                                                                                                                                                      |                                      |                    | -                                       |                                              |                                            |        | X_ Director 10% Owner<br>X_ Officer (give title Other (specify |                                                                                                |                                                                         |                                                                   |  |
| INVESCO LTD., 1555 01/30/20<br>PEACHTREE STREET NE                                                                                                            |                                      |                    |                                         | 009                                          |                                            |        |                                                                | below) below)<br>Senior Managing Director                                                      |                                                                         |                                                                   |  |
|                                                                                                                                                               | andmont Data Original                |                    |                                         |                                              |                                            |        |                                                                |                                                                                                |                                                                         |                                                                   |  |
|                                                                                                                                                               |                                      |                    | endment, Date Original<br>nth/Day/Year) |                                              |                                            |        | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)  |                                                                                                |                                                                         |                                                                   |  |
| 02/03/20<br>ATLANTA, GA 30309                                                                                                                                 |                                      |                    |                                         | -                                            |                                            |        |                                                                | _X_Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person       |                                                                         |                                                                   |  |
| (City)                                                                                                                                                        | (State)                              | (Zip)              |                                         |                                              |                                            | ~ .    |                                                                |                                                                                                |                                                                         |                                                                   |  |
|                                                                                                                                                               |                                      |                    |                                         |                                              |                                            |        | -                                                              | uired, Disposed of                                                                             | ·                                                                       | •                                                                 |  |
|                                                                                                                                                               | 2. Transaction Dat<br>Month/Day/Year | ) Execution<br>any |                                         | 3.<br>Transactic<br>Code<br>(Instr. 8)       | 4. Securit<br>on(A) or Dis<br>(Instr. 3, 4 | sposed | l of (D)                                                       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| C                                                                                                                                                             |                                      |                    |                                         | Code V                                       | Amount                                     | (D)    | Price                                                          | (Instr. 3 and 4)                                                                               |                                                                         |                                                                   |  |
| Common 0<br>Shares 0                                                                                                                                          | )1/30/2009                           |                    |                                         | F                                            | 13,151                                     | D      | \$<br>11.79                                                    | 570,582 <u>(1)</u>                                                                             | D                                                                       |                                                                   |  |

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 number.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, | Expiration D<br>(Month/Day/<br>e | . Date Exercisable and<br>xpiration Date<br>Month/Day/Year) |       | le and<br>unt of<br>rlying<br>rities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|-------|----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | 4, and 5)<br>(A) (D)                                                                                       | Date<br>Exercisable              | Expiration<br>Date                                          | Title | Amount<br>or<br>Number<br>of<br>Shares             |                                                     |                                                                            |

## Edgar Filing: Robertson James - Form 4/A

## **Reporting Owners**

| Reporting Owner Name / Address                                                   | Relationships |           |                          |       |  |  |  |  |
|----------------------------------------------------------------------------------|---------------|-----------|--------------------------|-------|--|--|--|--|
| I State and the second                                                           | Director      | 10% Owner | Officer                  | Other |  |  |  |  |
| Robertson James<br>INVESCO LTD.<br>1555 PEACHTREE STREET NE<br>ATLANTA, GA 30309 | Х             |           | Senior Managing Director |       |  |  |  |  |
| Signatures                                                                       |               |           |                          |       |  |  |  |  |
| /s/ Jonathan J. Doyle, as Attorney in Fact                                       | , 09/30/2009  |           |                          |       |  |  |  |  |
| **Signature of Reporting Person                                                  |               | Date      |                          |       |  |  |  |  |
| Evaloretion of Deer                                                              |               |           |                          |       |  |  |  |  |

## **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).
- (1) Reflects correction of clerical error in total beneficial holdings previously reported.

## **Remarks:**

This Form 4 amends the reporting person's Form 4 filed on February 3, 2009 (the "Original Filing"), to correct the number of Common Shares withheld to satisfy tax liability and the resulting total holdings information. At the time of the Original Filing, only an estimate of the number of Common Shares to be withheld for tax liability was available.

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.