

FORM 4

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 - Zern John (Last) (First) (Middle) 200 EAST RANDOLPH ST. (Street) CHICAGO, IL (City) (State) (Zip)		2. Issuer Name and Ticker or Trading Symbol Aon plc [AON]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director _____ 10% Owner <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) CEO, Aon Global Health
		3. Date of Earliest Transaction (MM/DD/YYYY) 8/21/2019	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person ____ Form filed by More than One Reporting Person
		4. If Amendment, Date Original Filed (MM/DD/YYYY)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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)
			Code	V	Amount	(A) or (D)	Price			
Class A Ordinary Stock	8/21/2019		M ⁽¹⁾		1150	A	(1)	38528	D	
Class A Ordinary Stock	8/21/2019		F ⁽²⁾		510	D	\$193.17	38018	D	

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Restricted Share Unit (Right to Receive)	(3)	8/21/2019		M		1150		(4)	8/21/2019 (4)	Class A Ordinary Shares	1150	\$0.00	0	D	

Explanation of Responses:

- Class A Ordinary Shares acquired upon the vesting of a restricted share unit award.
- Class A Ordinary Shares withheld by the issuer for the payment of taxes in connection with the vesting of a restricted share unit.
- The restricted share unit award converts to Class A Ordinary Shares on a 1-for-1 basis. In accordance with UK law, the reporting person agreed to pay the issuer the nominal value of US\$0.01 per share issued to the reporting person.
- A restricted share unit award was granted on August 21, 2014 and vests in accordance with the terms of the Aon Stock Incentive Plan as follows: 20% of the award vests on each of the first through fifth anniversaries of the date of the grant.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Zern John 200 EAST RANDOLPH ST. CHICAGO, IL			CEO, Aon Global Health	

Signatures

/s/ Molly Johnson-Molly Johnson pursuant to a power of attorney from John Zern

8/23/2019

**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 control number.