

Lash James H  
Form 3  
May 06, 2010

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Lash James H		(Month/Day/Year)	FIRSTENERGY CORP [FE]	
(Last)	(First)	(Middle)	05/01/2010	
76 SOUTH MAIN STREET			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
AKRON,Â OHÂ 44308			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			FENOC President & Chief Nuclea	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	28,878.399	D	Â
Common Stock	274.171	I	By Savings Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	---	---	---

Edgar Filing: Lash James H - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Phantom / Retirement	Â (2)	Â (2)	Common Stock	6,332.823	\$ (1)	D	Â
Phantom 3/05d Retirement	Â (2)	Â (2)	Common Stock	3,673.283	\$ (1)	D	Â
Phantom 3/08d	03/01/2008	03/01/2011	Common Stock	1,337.162	\$ (1)	D	Â
Phantom 3/09D	03/01/2009	03/01/2012	Common Stock	2,249.204	\$ (1)	D	Â
Rsup10	03/03/2011	03/03/2011	Common Stock	2,097	\$ (1)	D	Â
Rsup12	03/02/2012	03/02/2012	Common Stock	2,782	\$ (1)	D	Â
RSUP14	03/08/2013	03/08/2013	Common Stock	4,110	\$ (1)	D	Â
Stock Options (Right to Buy)	04/01/2003	04/01/2012	Common Stock	3,750	\$ 34.45	D	Â
Stock Options (Right to Buy)	03/01/2004	03/01/2013	Common Stock	5,925	\$ 29.71	D	Â
Stock Options (Right to Buy)	03/01/2005	03/01/2014	Common Stock	8,000	\$ 38.76	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lash James H 76 SOUTH MAIN STREET AKRON, OH 44308	Â	Â	Â FENOC President & Chief Nuclea	Â

## Signatures

Edward J. Udovich, POA                      05/06/2010

\*\*Signature of Reporting Person                      Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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) 1 for 1

(2)

## Edgar Filing: Lash James H - Form 3

This transaction reflects the extension and vesting of phantom stock to retirement or other termination of employment under arrangements approved by the Compensation Committee.

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.