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| MCCRACKEN STEVEN R Form 4 May 12, 2005 | | | | | |
|---|--|---|---|--|---------------------|
| | STATES SH | ECURITIES AND EXCHANGE Washington, D.C. 20549 | COMMISSION | OMB APPROVAL OMB 3235-0 Number: | |
| Section 16. Form 4 or Form 5 Filed put | rsuant to Sec (a) of the Pub | CHANGES IN BENEFICIAL OW SECURITIES ction 16(a) of the Securities Exchan blic Utility Holding Company Act of the Investment Company Act of 19 | ge Act of 1934, of 1935 or Section | Expires: January Estimated average burden hours per response | 231, 2005 0.5 |
| (Print or Type Responses) | | | | | |
| 1. Name and Address of Reporting MCCRACKEN STEVEN R | Sy | 2. Issuer Name and Ticker or Trading ymbol IISOURCE INC/DE [NI] | 5. Relationship of I Issuer | Reporting Person(s) to | |
| (Last) (First) (801 E 86TH AVENUE | Middle) 3. (M | Date of Earliest Transaction Month/Day/Year) 5/10/2005 | (Check X_ Director Officer (give t below) | t all applicable) itle 10% Owner Other (specify below) | |
| (Street) MERRILLVILLE, IN 46410 | Fil | . If Amendment, Date Original iled(Month/Day/Year) | Applicable Line) _X_ Form filed by O Form filed by Mo | nt/Group Filing(Check ne Reporting Person ore than One Reporting | |
| (City) (State) | (Zip) | Table I - Non-Derivative Securities Activities | Person | or Beneficially Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Dat any (Month/Day/Y | 3. 4. Securities ate, if TransactionAcquired (A) or Code Disposed of (D) Year) (Instr. 8) (Instr. 3, 4 and 5) (A) | 5. Amount of 6. Securities For Beneficially (D Owned (I) | Ownership 7. Nature o orm: Direct Indirect D) or Indirect Beneficial | |
| Reminder: Report on a separate line | e for each class | information conta required to respo | r indirectly. oond to the collecti ained in this form a nd unless the form tly valid OMB cont | re not (9-02) | |

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. Number of | 6. Date Exercisable and Expiration | 7. Title and An |
|-------------|-------------|---------------------|--------------------|------------|-----------------|------------------------------------|------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | orDerivative | Date | Underlying Sec |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired (A) or | | |

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| | Derivative Security | | | | | | Disposed of (I (Instr. 3, 4, an | d 5) | | | |
|--|--|-------------------|---------------|--------------------------------|----------------|----|------------------------------------|------|-----------------------|-----------------------|-----------------|
| | | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title A |
| Phantom Stock | \$ 0 | 05/10/2005 | 05. | /10/2005 | A | | 4,766.288 | | 08/08/1988 <u>(1)</u> | 08/08/1988 <u>(1)</u> | Common Stock |
| Repor | ting Ow | ners | | | | | | | | | |
| Reporting Owner Name / Address | | | Relationships | | | | | | | | |
| Reportin | g Owner Name | / Address | | Relationsl | nips | | | | | | |
| Reportin | ng Owner Name | / Address | Director | Relationsl 10% Owner | hips Office | er | Other | | | | |
| MCCRAC 801 E 86T | ng Owner Name CKEN STEVE TH AVENUE LVILLE, IN 4 | EN R | Director X | | - | er | Other | | | | |
| MCCRAC 801 E 86T | CKEN STEVE TH AVENUE LVILLE, IN 4 | EN R | | | - | er | Other | | | | |
| MCCRAC 801 E 86T MERRILI Signat | CKEN STEVE TH AVENUE LVILLE, IN 4 | EN R 6410-6272 | Х | | - | er | Other | | | | |

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) Phantom Stock is payable in cash upon termination of employment

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.