## Edgar Filing: BLACK HILLS CORP /SD/ - Form 4

| BLACK HIL   | LS CORP /SD                      | /                   |                                |                                  |                           |  |                                    |  |  |                        |  |
|---|----------------------------------|---------------------|--------------------------------|----------------------------------|---------------------------|--|------------------------------------|--|--|------------------------|--|
| Form 4  |                                  |                     |                                |                                  |                           |  |                                    |  |  |                        |  |
| February 03,  |                                  |                     |                                |                                  |                           |  |                                    |  |  |                        |  |
| FORM  | <b>4</b> UNITE                   | D STATES            |                                |                                  |                           |  | NGE C                              | OMMISSION  |  | PROVAL<br>3235-0287    |  |
| Check thi   | s hov                            |                     | Was                            | hington,                         | <b>D.C. 20</b>            | 549  |                                    |  | Number:  |                        |  |
| Check this box<br>if no longer<br>subject to<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF |                                  |                     |                                |                                  |                           |  | Expires:                           | January 31,<br>2005  |  |                        |  |
| subject to  | F CHAN                           | GES IN I<br>SECUR   |                                | ICIA                             | LOW                       | NERSHIP OF                                       | Estimated average burden hours per |  |  |                        |  |
| Section 10<br>Form 4 or   |                                  | SECUK               | IIIES                          |                                  |                           |  |                                    |  |  |                        |  |
| Form 5  |                                  |                     |                                |                                  |                           |  | e Act of 1934.                     | response   | 0.5  |                        |  |
| obligation  | <sup>18</sup> Section $\hat{1}'$ |                     |                                |                                  |                           |  | •                                  | 1935 or Section  | 1  |                        |  |
| may conti<br><i>See</i> Instru<br>1(b).   |                                  | 30(h)               | of the In                      | vestment                         | Compan                    | y Ac   | t of 194                           | 0  |  |                        |  |
| (Print or Type R  | Responses)                       |                     |                                |                                  |                           |  |                                    |  |  |                        |  |
| 1. Name and A<br>Myers Rober  | Symbol                           | Name and            |                                |                                  | 0                         | 5. Relationship of Reporting Person(s) to Issuer |                                    |  |  |                        |  |
|   |                                  |                     |                                | HILLS (                          |                           | ם ע  | окпј                               | (Check all applicable)   |  |                        |  |
|   |                                  |                     |                                | 3. Date of Earliest Transaction  |                           |  |                                    | Director 10% Owner<br>X_Officer (give title Other (specify<br>below)<br>SR VP Human Resources      |  |                        |  |
| PO BOX 1400   |                                  |                     | (Month/Day/Year)<br>02/03/2015 |                                  |                           |  |                                    |  |  |                        |  |
|   |                                  |                     | 4. If Ame                      | ndment, Da                       | te Original               | l  |                                    | 6. Individual or Joint/Group Filing(Check  |  |                        |  |
|   |                                  |                     | Filed(Mon                      | th/Day/Year)                     | )                         |  |                                    | Applicable Line)   |  |                        |  |
| RAPID CIT   | Y, SD 57709                      |                     |                                |                                  |                           |  |                                    | _X_ Form filed by C<br>Form filed by M<br>Person   |  |                        |  |
| (City)  | (State)                          | (Zip)               | Tabl                           | e I - Non-D                      | erivative                 | Secur  | ities Aca                          | uired, Disposed of   | or Beneficial  | lv Owned               |  |
| 1.Title of  | 2. Transaction D                 | ate 2A Deer         |                                | 3.                               | 4. Securit                |  | -                                  | 5. Amount of   | 6. Ownership   | •                      |  |
| Security<br>(Instr. 3)  | (Month/Day/Yea                   | r) Execution<br>any | n Date, if                     | Transactio<br>Code<br>(Instr. 8) | on(A) or Di<br>(Instr. 3, | spose<br>4 and<br>(A)<br>or                      | d of (D)<br>5)                     | Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | Indirect<br>Beneficial |  |
| Common  |                                  |                     |                                | Code V                           |                           | (D)  | Price<br>\$                        |  |  |                        |  |
| Stock   | 02/03/2015                       |                     |                                | A <u>(1)</u>                     | 3,620                     | А  | ф<br>53.01                         | 29,421.011   | 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) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed |                     |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 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 |
|---|---|---|--|--|---------------------|--------------------|---|--|---|--|
|   |   |   |  | of (D)<br>(Instr. 3,   |                     |                    |   |  |   | (Instr   |
|   |   |   |  | 4, and 5)  |                     |                    |   |  |   |  |
|   |   |   | Code V                                 | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                 |          |           | Relationships         |       |  |  |  |  |
|---|----------|-----------|-----------------------|-------|--|--|--|--|
| i o   | Director | 10% Owner | Officer               | Other |  |  |  |  |
| Myers Robert A<br>PO BOX 1400<br>RAPID CITY, SD 57709 |          |           | SR VP Human Resources |       |  |  |  |  |
| Signatures  |          |           |                       |       |  |  |  |  |
| Lorna J. Gunderman, by power attorney                 | of       | 02/0      |                       |       |  |  |  |  |
| **Signature of Reporting Person                       |          | Γ         | 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).

(1) Performance Share Plan granted to employees under the Companys Omnibus Incentive Plan.

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.