FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington | D C | 20549 |
|------------|-----|-------|

| wasiiiigtoii, | D.C. | 20049 | |
|---------------|------|-------|--|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burde | n | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Otto Robert P | | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH] | | | | | | | | iionship of Reporting all applicable) Director | | g Person(s) to Issue | | | |
|--|-------|------------------|----------------|--------|---|--|--|--|------------|---------|---|---|-------------------------------------|---|--|--|--|--|--------|
| (Last) | , | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2020 | | | | | | | | | Officer (g below) | give title | Other (specify below) | | pecify |
| (Street) RAPID (| | D State) | 57709 (Zip) | | _ 4 | . If Am | nendment, C | ate o | f Origina | l Filed | d (Month/Da | y/Year) | | 6. Indiv Line) X | Form file | ed by One | Repor | Check Appli ting Person One Reporti | |
| | | Ta | able I - No | on-Der | rivat | ive S | Securities | s Ac | quirec | l, Di | sposed o | of, or Be | nefic | ially (| Owned | | | | |
| Date | | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | d 5) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price |) | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 12/0 | 1/202 | 20 | | | I | | 25.361 | A | \$61 | .2743 | 2,775. | .7329 | D | | |
| Common | Stock | | | 12/0 | 1/202 | 20 | | | I | | 64.6002 | 2 A | \$61 | .2743 | 2,840. | 2,840.3331 D | | | |
| | | | Table II | | | | | | , | | posed of converti | , | | • | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | version Date I | | | | S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amor Securities Under Derivative Secur (Instr. 3 and 4) | | ying Derivative Security (Instr. 5) | | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4) | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | , | Code | \ , | (A) | _{//v} | Date | , l | Expiration | Title | Numb | er of | | (111501. 4) | | | | | |

(2)

(2)

Explanation of Responses:

(1)

- 1. 1 for 1 conversion ratio
- 2. Derivative security is exercisable upon retirement under terms of the agreement.

11/30/2020

12/01/2020

3. Derivative security expires upon retirement under terms of the agreement.

Remarks:

Phantom Stock Unit

Stock Unit

/s/Lorna J. Gunderman

Common Stock

Commor

(3)

(3)

12/02/2020

6,262.5311

6,320.2768

By Trust

By Trust

** Signature of Reporting Person

431.5305

57.7457

\$60.83

\$61.2743

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).

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 Number.

431.5305

57.7457