FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OWNERSHIP

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

	OMB APPROVAL									
	OMB Number:	3235-0362								
l	Estimated average burden									
l	hours per response:	1.0								

Form 3 Holdings Reported.

Form 4 Transactions Reported

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

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

Common Stock 12/31/2023			1 ''	Amount (A) or (D) Price		I	Issuer's Fiscal	(Instr. 4)	(Instr. 4)		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			3. Transaction Code (Instr. 8)	(D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
	Table I - Non-Der	ivative Securit	ies Acquii	red, Disposed	of, or	Beneficia	lly Owned				
(State)	(Zip)					i erson					
SD	57709	_				Form filed by M	Form filed by More than One Reporting				
								Form filed by One Reporting Person			
		4. If Amendmer	nt, Date of Ori	ginal Filed (Month/	r) 6. l	Individual or Joint/Group Filing (Check Applicate					
(First)	(Middle)	3. Statement fo 12/31/2023	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2023						ner (specify ow)		
1. Name and Address of Reporting Person* <u>Granger Barry M</u>				BLACK HILLS CORP /SD/ [BKH]					10% Owner		
	(First) SD (State)	(First) (Middle) SD 57709 (State) (Zip) Table I - Non-Der str. 3) 2. Transaction Date	BLACK H SD S7709	(First) (Middle) (First) (Middle) 3. Statement for Issuer's Fisc 12/31/2023 4. If Amendment, Date of Ori SD 57709 (State) (Zip) Table I - Non-Derivative Securities Acquirestr. 3) 2. Transaction Date (Month/Day/Year) (Farst)	SD S7709 State) Composition SD S7709 State) Composition SD S7709 State) Composition SD S7709 Composition SD ST SD ST SD ST SD ST SD SD	BLACK HILLS CORP /SD/ [BKH]	BLACK HILLS CORP /SD/ [BKH] (CI BKH] (CI BKH]	State Stat	Substitute Sub		

Table II - Derivative Securities Acquired, Disposed of, or 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. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Phantom Stock Unit	(2)	12/31/2023		A	90.5661		(3)	(4)	Common Stock	90.5661	\$0 ⁽¹⁾	2,118.3787	I	By Trust

Explanation of Responses:

- 1. Shares acquired through the Company's Dividend Reinvestment Plan.
- 2. 1 for 1 conversion ratio
- 3. Derivative security is exercisable upon retirement under terms of the agreement.
- 4. Derivative security expires upon retirement under terms of the agreement.

Remarks:

/s/Amy Koenig

** Signature of Reporting Person

02/13/2024 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 Number.