FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasnington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |

| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per respense: | 0.5 | | | | | | | |

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

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

| 1. Name and Address of Reporting Person* WHITE KYLE D | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH] | | | | | | | | | | 5. Relationship of Reporting Perso (Check all applicable) Director | | | | 10% Owner | |
|---|---|--|--|------------------------------|---|---|---------|-------------------------------------|------------------------------------|----------|---|---------------|-------|--------------------|---|---|--|--|-----------|--|
| (Last) | ` | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2007 | | | | | | | | | | Officer (give title below) VP-Corpo | | Other (specify below) | | |
| (Street) RAPID (| | | 57709140 Zip) | 0 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Se | curitie | es Acc | quired, | Dis | posed o | of, o | r Ben | efici | ally | Owne | ed | | | |
| indication of the state of the | | | 2. Transaction Date (Month/Day/Year) | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 4 and Secu Bene | | cially d Following | 6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | (Instr. 4) | | |
| Common Stock | | | | 02/15/2007 | | | | | A ⁽¹⁾ | | 86 | | A | \$36.75 | | 11,455.984 | | D | | |
| Common Stock | | | | | | | | | | | | | | 90 | | I | By Spouse | | | |
| 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 Da if any (Month/Day/Y | Date, Transaction Code (Inst | | | on of | | 6. Date E Expiratio (Month/D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deriv Secu | rivative | 9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership ct (Instr. 4) | | |
| | | | , | Code V | | (A) | (D) | Date Exercisa | Date E Exercisable D | | Amount or Number of Shares | | mber | | | | | | | |

Explanation of Responses:

1. Performance Share Plan granted to employees under the Company's Omnibus Incentive Compensation Plan

By: Roxann R. Basham, by power of attorney

02/20/2007

** Signature of Reporting Person 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.