SEC Form 5

FORM 5

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

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed survey at the Constitute 10(c) of the Constitute Functions Act of 1004

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| (City) | (State) | (Zip) | | | Person | - - - - - - | | |
|-----------------------------------|---------------------------------------|----------|--|--|---|--|--|--|
| RAPID CITY | SD | 57709 | | X | Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Last) PO BOX 1400 | (First) | (Middle) | 12/31/2018 | | Sr VP Human Resources | | | |
| (1 cot) | (First) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) | X | Officer (give title below) | Other (specify below) | | |
| 1. Name and Addrese Landis Jennif | ss of Reporting Perso Fer <u>C</u> | on* | 2. Issuer Name and Ticker or Trading Symbol <u>BLACK HILLS CORP /SD/</u> [BKH] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| Form 4 Transact | ions Reported. | Flieu | or Section 30(h) of the Investment Company Act of 1940 | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned at end of | 6. Ownership Form: Direct (D) or | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|-----------------------------------|--|---------------|-------|---|---|---|
| | | (Monthi/Day/Year) | 0) | Amount | (A) or (D) | Price | Issuer's Fiscal Year (Instr. 3 and 4) | Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | 02/04/2017 | | A5 | 127.292 | Α | (1) | 8,315.746 | D | |
| Common Stock | 12/31/2018 | | J | 219.678 | Α | (2) | 1,576.643 | Ι | By 401K |

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) | | | 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 Transaction(s) (Instr. 4) | 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 | | | | |

Explanation of Responses:

1. Shares acquired through a Restricted Stock Grant during the same time frame when individual became an Officer of the Company.

2. Shares acquired under the Company's 401K Plan through automatic payroll deductions and dividend reinvestment.

Remarks:

/s/Lorna J. Gunderman

** Signature of Reporting Person

01/31/2019

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.