FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| gton, D.C. 20549 | OMB APPROVAL |      |  |  |  |
|------------------|--------------|------|--|--|--|
|                  | OMB Number   | 3235 |  |  |  |

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|   | or Section 30(n) of the Investment Company Act of 1940   |       |                                  |  |   |   |        |  |               |       |  | resp   | onse:  |   | 0.5   |  |
|---|--|-------|----------------------------------|--|---|---|--------|--|---------------|-------|--|--|--------|---|---|--|
| 1. Name and Address of Reporting Person*  MANEY DAVID S |  |       |                                  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol BLACK HILLS CORP /SD/ [ BKH ] |   |   |        |  |               | (Ch   | Relationship<br>eck all appli  | cable)   | ng Per | son(s) to Iss   |   |  |
| (Last) (First) (Middle)                                 |  |       |                                  |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2003   |   |        |  |               |       | Officer  | Officer (give title below)   |        | Other (specify below)   |   |  |
| (Street)  | (Si  | tate) | (Zip)                            | 4. If An   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   |        |  |               | Line  | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |        |   |   |  |
|   |  | Tab   | le I - Non-De                    | erivative S  | ecurities Ac  | quired                                  | , Dis  | posed o                                      | of, o         | r Ben | eficial  | ly Owned   | t      |   |   |  |
| Date  |  |       | ransaction<br>e<br>nth/Day/Year) | Execution Date,  |   | r, Transaction Disposed Code (Instr. 5) |        | urities Acquired (A<br>sed Of (D) (Instr. 3, |               |       | Benefici   | ities<br>icially<br>d Following  |        | n: Direct<br>or Indirect<br>nstr. 4)                            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|   |  |       |                                  |  |   |   | Amount |  | (A) or<br>(D) | Price | Transac<br>(Instr. 3   | tion(s)  |        |   | (Instr. 4)  |  |
|   |  | 7     | able II - Der<br>(e.g            |  | curities Acq<br>Is, warrants  |   |        |  |               |       |  | Owned  |        |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | erivative Conversion Date Execution Date, Transacturity or Exercise (Month/Day/Year) if any Code |       | , Transactio<br>Code (Inst       |  | 6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title ar Amount of Securitie Underlyin Derivativ (Instr. 3 a |   |        | ount of<br>urities<br>erlying<br>vative S    |               |       |  | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) |        | 11. Nature<br>of Indirec<br>Beneficia<br>Ownershi<br>(Instr. 4) |   |  |

Date Exercisable

08/08/1988

Expiration Date

08/08/1988

Title

Commo

Stock

## **Explanation of Responses:**

28.48

Phantom

Stock Unit<sup>(1)(2)</sup>

- 1. Derivative Security is exercisable upon retirement under terms of the agreement
- 2. Derivative Security expires upon retirement under terms of the agreement

04/30/2003

By: Roxann R. Basham (POA on File)

Amount or Number

of Shares

43.89

\$0

05/29/2003

43.89

By Trust

\*\* 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).

Code

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.

of (D) (Instr. 3, 4 and 5)

(A)

43.89

(D)