SE	C Form 5						
	FORM 5 UNITED ST		ATES SECURITIES AND EXCHANGE COMMISSION				
	Check this box if no longer subject to	Washington, D.C. 20549			OMB AP	OMB APPROVAL	
Ο	Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ANNUAL STAT	EMENT OF CHANGES IN BENEFICIAL C	OWNERSH	IIP OMB Number: Estimated average	3235-0362 e burden	
$\square$	Form 3 Holdings Reported.				hours per respons	e: 1.0	
$\overline{\Box}$	Form 4 Transactions Reported.	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940					
	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 Instruction 10						
1. Name and Address of Reporting Person * Evans Linden R		* 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol BLACK HILLS CORP /SD/ [ BKH ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				- Direc	tor	10% Owner	
(La	ast) (First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2023	X Offic below	10	Other (specify pelow)	
PC	BOX 1400				President and CEO		

4. If Amendment, Date of Original Filed (Month/Day/Year)

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

Transaction

Code (Instr

G

G

J

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Date

Exercisable

8)

5. Number of

Acquired (A) or Disposed of (D) (Instr.

3, 4 and 5)

(A) (D)

Derivative Securities

4. Securities Acquired (A) or Disposed Of

(A) or (D)

D

D

A

Price

**\$0**<sup>(1)</sup>

**\$0**<sup>(2)</sup>

**\$0**<sup>(3)</sup>

7. Title and Amount

Derivative Security

Amount

Shares

or Number

of

(Instr. 3 and 4)

Title

of Securities Underlying

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

2,720

2,800

174.25

6. Date Exercisable and

Expiration

Date

Expiration Date (Month/Day/Year)

Amount

Explanation of Responses:

2 Conversion or Exercise Price of

Derivative

Security

1. Gifting of shares

PO BOX 1400

RAPID CITY

1. Title of Security (Instr. 3)

Common Stock

Common Stock

Common Stock

1. Title of

Derivative

Security

(Instr. 3)

SD

(State)

57709

(Zip)

2. Transaction

(Month/Day/Year

02/23/2023

02/23/2023

12/31/2023

3A. Deemed

if any

Execution Date

(Month/Day/Year)

Date

2A. Deemed

Execution Date

if any (Month/Day/Year)

octio

Code (Instr.

8)

(Street)

(City)

2. Charitable donation

3. Shares acquired through the Company's Dividend Reinvestment Plan.

3. Transaction

Date (Month/Day/Year)

Remarks:

/s/Amy Koenig

\*\* Signature of Reporting Person

02/13/2024 Date

6. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by More than One Reporting Person

6. Ownership

Form Direct

(D) or Indirec

D

D

I

10.

Owne rship

Form:

Direct (D)

or Indirect

(I) (Instr. 4)

(I) (Instr. 4)

7. Nature of

Beneficial

Ownership

By 401K

11. Nature

of Indirect Beneficial

Ownership

(Instr. 4)

(Instr. 4)

Indirect

X Form filed by One Reporting Person

5. Amount of

Beneficially Owned

Fiscal Year (Instr. 3

143,036.254

140,236.254

4,110.529

9. Number of

derivative Securities

Beneficially

Reported Transaction(s)

Owned Following

(Instr. 4)

at end of Issuer's

Securities

and 4)

8. Price

Derivative

Security (Instr. 5)

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.