FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

3235-0287 OMB Number: Estimated average burden hours per response: 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*  MANEY DAVID S  |   |  |   |  |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol BLACK HILLS CORP /SD/ [ BKH ] |         |                                     |  |                               |                  |   |   |                   | ationship<br>k all appli<br>Directo             | cable)   | g Pers             | son(s) to Iss   |                                       |
|--|---|--|---|--|---|--|---------|-------------------------------------|--|-------------------------------|------------------|---|---|-------------------|---|--|--------------------|---|---------------------------------------|
| (Last) (First) (Middle) PO BOX 1400                      |   |  |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2003 |  |         |                                     |  |                               |                  |   |   | Officer<br>below) | (give title                                     |  | Other (s<br>below) | specify   |                                       |
| (Street)  RAPID CITY SD 577011400  (City) (State) (Zip)  |   |  | _   4. If                                     | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |         |                                     |  |                               |                  |   | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |                   |   |  |                    |   |                                       |
| (- 9)  |   |  | le I - Noi                                    | n-Deriv  | ative   | Se   | curitie | s Acc                               | quired, [  | Disp                          | osed o           | of, or Be   | nefi  | cially            | Owned   | <u> </u>   |                    |   |                                       |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D |   |  |   |  | ar) E   | 2A. Deemed<br>Execution Date,<br>f any<br>(Month/Day/Year)                       |         | Transaction Dispose Code (Instr. 5) |  | ities Acquir<br>d Of (D) (Ins |                  |   | es<br>ally<br>Following   | Form<br>(D) o     | n: Direct<br>r Indirect<br>istr. 4)             | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |                    |   |                                       |
|  |   |  |   |  |   |  |         | Code                                | v  | Amount                        | (A) o            | r Pr  | ice   |                   | eported<br>ransaction(s)<br>nstr. 3 and 4)      |  |                    | (Instr. 4)  |                                       |
| Common Stock 11/03                                       |   |  |   | 3/2003   | /2003   |  |         |                                     |  | 31.01                         | 1 A              | \$  | 32.25   | 4,972.14          |   |  | D                  |   |                                       |
|  |   | Т  | able II -                                     |  |   |  |         |                                     | ired, Di   |                               |                  |   |   |                   | Owned   |  |                    |   |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemo<br>Execution<br>if any<br>(Month/Da | Date,  | Code (Inst  |  | n of    |                                     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                               |                  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Securit<br>(Instr. 3 and 4) |   | S<br>(I           | . Price of<br>eerivative<br>ecurity<br>nstr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | ly                 | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |   |  | Code  | v  | (A)     |                                     | Date<br>Exercisable  |                               | xpiration<br>ate | Title   | Amo<br>or<br>Num<br>of<br>Shar  | ber               |   |  |                    |   |                                       |
| Phantom  | \$0.00 <sup>(1)</sup>   | 10/31/2003                                 |   |  | Α   |  | 38.86   |                                     | (2)  |                               | (3)              | Common  | 0.0   | 00                | \$32.17   | 1,558.2  | 6                  | I   | By Trust                              |

## **Explanation of Responses:**

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

## Remarks:

By: Roxann R. Basham, by power of attorney

11/04/2003

\*\* 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.