#### Edgar Filing: ANDERSON GARNER M - Form 4

#### ANDERSON GARNER M

Form 4 January 10, 2005

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

Expires:

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January 31, 2005

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Estimated average burden hours per

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if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1 Name and Address of Departing De

01/06/2005

Stock

1. Name and Address of Reporting Person <u>*</u> ANDERSON GARNER M			Symbol	2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH]				5. Relationship of Reporting Person(s) to Issuer			
	(Last)	(First) (M		3. Date of Earliest Transaction				(Check all applicable)			
PO BOX 1400			(Month/D	(Month/Day/Year) 01/06/2005				Director 10% Owner Other (specify below) below)  Corporate Treasurer			
		(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
	RAPID CITY	7, SD 577091400						Form filed by More than One Reporting Person			
(City) (State) (Zip) <b>Table I - Non-Deriva</b>						curities Ac	quired, Disposed	of, or Beneficial	lly Owned		
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)		(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Common Stock	12/31/2004		J V	79.59	A (1)	3,055.68	D			
	Common	01/06/2005		٨	909	<b>A</b> (2)	2 052 69	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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898

<u>(2)</u>

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Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date		4. T	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		ionNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	(Year)	Under	, ,	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and 4	3 and 4)		Owne
	Security				Acquired						Follo
	Ť				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(211512
					4, and 5)						
					4, and 3)						
									Amount		
						<b>.</b>	<b>.</b>		or		
						Date Exercisable	Expiration Date	Title N	Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

ANDERSON GARNER M PO BOX 1400

Corporate Treasurer

RAPID CITY, SD 577091400

### **Signatures**

By: Roxann R. Basham by power of attorney

01/10/2005

\*\*Signature of Reporting Person

Date

### **Explanation of Responses:**

- 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).
- (1) Shares acquired through the Dividend Reinvestment Plan
- (2) Restricted Stock Grant to employee under the Company's Omnibus Incentive Compensation Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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