FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | | |
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average bure | den | | | | | | | | |
| ı | hours per response: | 0.5 | | | | | | | | |

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* ROBINSON WARREN L | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH] | | | | | | | | Relationship of Reportin heck all applicable) X Director | | g Person(s) to Issuer 10% Owner | | | |
|---|---|---------------------------------|---|--------------|--|--|-----------------------------|---|---------------------------------|---------------------------------|---------------------------------|----------------------------------|--|---|------------------------------------|---|---------------------------------------|--|
| (Last) | ` | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2010 | | | | | | | | | Officer (give title below) | | | pecify | |
| (Street) RAPID (| | D State) | 57709 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Lin | e) X Form Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Ta | able I - Non | -Derivat | tive S | ecuritie | s Ac | quired, | Dis | posed (| of, or Be | eneficial | y Owned | | | | | |
| Date | | 2. Transac Date (Month/Da | Execution Date, | | Code (Instr. | | ities Acqui d Of (D) (In | red (A) or str. 3, 4 and | 5) Securiti Benefic Owned | Beneficially Owned Following | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | Code | v | Amount | (A) (D) | or Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | |
| Common Stock 09/ | | | 09/01/2 | 1/2010 | | I | | 1.045 | | \$31. | 08 4,09 | 4,091.2548 | | D | | | | |
| Common | Stock | | | | | | | | | | | | 500 I by Spous | | | by Spouse | | |
| | | | Table II - [| | | curities Ils, warr | | | | | | | Owned | | | | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Yea | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Securities Under | | s Underlying e Security | | derivativ Securiti Benefici Owned Followir Reporte | re es ally ng d | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | xpiration Pate | Title | Amount of Number of Shares | | Transac (Instr. 4) | | | | |
| Phantom Stock Unit | (1) | 08/31/2010 | | A | | 410.7788 | | (2) | | (3) | Common Stock | 410.778 | 8 \$30.43 | 6,165. | 0053 | I | by Trust | |
| Phantom Stock Unit | (1) | 09/01/2010 | | A | | 71.4093 | | (2) | | (3) | Common Stock | 71.409 | \$31.08 | 6,236. | 4146 | 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:

Lorna Zacher, by power of 09/02/2010 <u>attorney</u>

** 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.