FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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* HOWARD JOHN R | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|--|--|--|--|--|----------------------------------|---|--------------------|--|--|------------------|--|--|---|--|--|-----|--|--|
| (Last) (First) (Middle) PO BOX 1400 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2005 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| (Street) RAPID CITY SD 577011400 (City) (State) (Zip) | | | 0 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (0.0) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transac | 3. Transaction Code (Instr. 8) 4. Secur Dispose 5) | | rities Acquired (A) of (D) (Instr. 3, 4 | | or and | 5. Amou Securitie Benefici | es (D) (Formially (D) (Following Id) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | Code (| | 5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. 5 and 5) | tive ties ed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | E | B. Price of Derivative Gecurity Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | (| Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Phantom Stock Unit | (1) | 01/31/2005 | | | A | | 41.96 | | (2) | | (3) | Common Stock | 0.0 | 0 | \$29.79 | 7,783.73 | 3 | 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

By: Roxann R. Basham, by power of attorney 02/02/2005

** 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.