FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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*  SCHOBER MARK A					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)																												
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/07/2018									Officer (below)	give title	10% Owner Other (specify below)																										
(Street) RAPID (		D State)	57709 (Zip)								6. Inc Line)	Form fil	oint/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting																													
(City)	( -	,	ıble I - Nor	n-Deriva	tive S	ecuri	ities A	\cauirec	Dis	nose	d of or	Rene	ficially	Owned																												
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	3. 4. Se Transaction Code (Instr.		curities Acquised Of (D)	(Instr.	3, 4 and 5)	5. Amoun Securities Beneficia Owned Fo	s lly ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of ndirect Beneficial Dwnership (Instr. 4)																										
Common Stock			02/07/2	7/2018			Code	V	Amou	(D)		Price \$51.77	Transacti (Instr. 3 a			D																										
				(e.g., pu		lls, w	arran	ts, optic	ns, o	conve	rtible se	ecuri	ties)																													
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Code	saction e (Instr.	of Deriv Secu Acqu (A) o Dispo	vative urities uired or osed ) r. 3, 4	Expiration			Securities Unde Derivative Secu (Instr. 3 and 4)  Amo Num		7. Title and Amount Securities Underlyin Derivative Security (Instr. 3 and 4)  Amount Number Title Shares		Securities Underlyi Derivative Security (Instr. 3 and 4)  Amount Number		Securities Underlyi Derivative Security (Instr. 3 and 4)  Amount Number		Securities Underlyi Derivative Security (Instr. 3 and 4)  Amount Number		Securities Underly Derivative Security (Instr. 3 and 4)  Amoun		Securities Underly Derivative Security (Instr. 3 and 4)		Securities Underly Derivative Security (Instr. 3 and 4)		Securities Underly Derivative Security (Instr. 3 and 4)  Amoun Number		Securities Underlyi Derivative Security (Instr. 3 and 4)  Amount Number		Securities Underlyi Derivative Security (Instr. 3 and 4)  Amount Number		Securities Underlyi Derivative Security (Instr. 3 and 4)  Amount Number		Securities Underly Derivative Security (Instr. 3 and 4)		rlying rity unt or ber of	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Followin Reporter Transact (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Phantom	(1)							(2)	1	(3)	Common	3,31	6.9732		3,316.9	732	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:

02/08/2018 /s/Lorna J. Gunderman

\*\* Signature of Reporting Person

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.