FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
l	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* <u>Buchholz Scott</u>						2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [ BKH ]									theck all a	hip of Reportir pplicable) ector	ng Pei	10% C	wner
(Last) (First) (Middle) PO BOX 1400						3. Date of Earliest Transaction (Month/Day/Year) 02/03/2015									^ be	ficer (give title low) CVP CHIEF IN		Other (specify below) NFO OFFICER	
(Street) RAPID CITY SD 57709  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> Fo	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
		Tabl	e I - Nor	-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	illy Ow	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			d Sec Ben Owi	mount of urities eficially ned Following orted	Fori	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	) or )	Price	Trai	isaction(s) tr. 3 and 4)			(msu. 4)
Common Stock			02/03	3/2015				<b>A</b> <sup>(1)</sup>		2,880		A	\$53.	.01 2	27,484.172		D		
	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	onversion   Date   Execution Date, if any if any (Month/Day/Year)   Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8) S A (// D O (Instr. 8) C C (Instr. 8) S A A (// D C (Instr. 8) C (In		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	6. Date Expiration (Month/D	on Date	Amount of		ount nber	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

1. Perfomance Share Plan granted to employees under the Company's Omnibus Incentive Plan.

Lorna J. Gunderman, by power 02/03/2015 of attorney

\*\* 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.