FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| shington | , D.C. 2054 | 49 | |
|----------|-------------|----|--|
| snington | , D.C. 2054 | 49 | |

| OIVID APPROVAL | | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average bu | rden | | | | | | | | | |

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).

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* SCHOBER MARK A | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH] | | | | | | | | Relationship of eck all applica X Director | ıble) | g Perso | son(s) to Issuer 10% Owner | | |
|---|---|--|--|-------------|--|-----------------------|----------------------------|---|--|--------------------|-----------------|---|--|---|-----------------------|--|---------------------------------------|--|
| (Last) | • | -irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2017 | | | | | | | | Officer (give title Other (specify below) | | | | pecify | |
| (Street) RAPID (| | D State) | 57709 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | \mathbf{X} Form fil | Form filed by More than One Reporting | | | | | |
| | | Т | able I - Nor | -Deriva | tive S | ecuritie | s Ac | quired, | Dis | posed o | of, or Be | neficiall | y Owned | | | | | |
| Dat | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | 5. Amoun Securities Beneficia Owned Fo | s lly ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Price | Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | |
| Common Stock | | | | 12/01/2 | /2017 | | I | | 12.61 | 49 A | \$58.1 | .1 1,555 | 1,555.8836 | | D | | | |
| Common Stock 1: | | | 12/01/2 | /2017 | | I | | 57.36 | 24 A | \$58.1 | .1 1,613 | 1,613.246 | | D | | | | |
| | | | Table II - I | | | curities IIs, warr | | | | | | | Owned | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | Code (Instr | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | Securities | d Amount o s Underlying e Security nd 4) | | 9. Number derivative Securities Beneficial Owned Following Reported | re es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisabl | | expiration Date | Title | Amount of Number of Shares | | Transact (Instr. 4) | | | | |
| Phantom Stock Unit | (1) | 11/30/2017 | | A | | 384.5496 | | (2) | | (3) | Common Stock | 384.549 | 5 \$58.51 | 3,290.0 | 0796 | I | By Trust | |
| Phantom Stock Unit | (1) | 12/01/2017 | | A | | 26.8936 | | (2) | | (3) | Common | 26.8936 | \$58.11 | 3,316.9 | 9732 | 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:

/s/Lorna J. Gunderman

12/04/2017

** 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.