FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average h | urdon | | | | | | | | | | |

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

| Name and Address of Reporting Person* MILLS STEVEN RICHARD | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH] | | | | | | | | (Che | s. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner | | | | | |
|--|--|-----------|---|--------------|---|-------------------------------------|--------|---------------|-----------|--|--|-----------------|---|--|------------|--|--|---|----------|
| (Last) PO BOX | (Last) (First) (Middle) PO BOX 1400 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2014 | | | | | | | | | Officer (below) | give title | | Other (sp below) | pecify | |
| (Street) RAPID CITY SD 57709 | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (S | tate) | (Zip) ble I - Non- | -Derivati | ive Se | ecuri | ties A | Acau | ired. | Dist | oseo | d of, or I | Bene | ficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | 2. Transacti | action 2A. Deemed Execution Date, | | | ite, | 3. 4. Sec | | curities Acquired (A) or osed Of (D) (Instr. 3, 4 a | | A) or | 5. Amoun Securities Beneficial Owned Fo | Forr (D) | | Direct Indirect Etr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amou | ınt (/ | A) or D) | Price | Transaction(s) (Instr. 3 and 4) | | | | 1115(1. 4) | | |
| Common Stock 01/02/ | | | | 01/02/20 | 2/2014 | | | I | | 96. | .339 | Α | \$51.9 | 10,223 | 3.7278 D | | 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 Security 3. Transaction Date Execution Date, (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year) | | Code | ansaction of Derivativ Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5) | | rative rities pired r osed) | Expiration Date (Month/Day/Year) | | | and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | lying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) (D) | | Date Exerc | isable | Expi sable Date | | Title | Amou Numb Share | er of | r of | | | | |
| Phantom Stock Unit | (1) | | | | | | | (| 2) | (| 3) | Common Stock | 3,66 | 9.9014 | | 3,669.9 | 014 | 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.

Lorna J. Gunderman, by power

of attorney

01/03/2014

** 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.