FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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* ZELLER THOMAS J					2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH]									ck all app	,				
(Last) PO BOX	`	rst) (Middle)			ate of 06/20		st Trans	action (M	onth/	Day/Year)				Offic below	er (give title w)		ther (elow)	specify
(Street) RAPID C			57709 Zip)		4. If	Amer	ndment,	Date o	f Original	Filed	(Month/Da	y/Year)	6. Inc Line)	Forn	or Joint/Group on filed by One on filed by Mor oon	e Reporting	Pers	on
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		3. Transaction Disposed Of (D) (Instr. 3, 0) 8)				Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A (D) or)	Price		action(s) 3 and 4)			(Instr. 4)	
Common Stock 07/06					2011		I		32.982 A		A	\$30.32	6,781.365		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	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transac Code (In					6. Date Exercisabl Expiration Date (Month/Day/Year)		е	Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (Ir	Price of rivative curity str. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

Remarks:

<u>Lorna Zacher, by power of attorney</u>

07/07/2011

** 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.