FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

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

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|--|---|--|--|---------|-----------------|---|------------------|------------------------|-------------------------------------|--------|---|---|-------------|----------------------|---|--|---|---|---|--|--|
| Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [BKH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| OHLMACHER THOMAS M | | | | | 1 | DETICK THEES CORE (SDEET BRIDE) | | | | | | | | | | Direc | tor | 1 | 0% O | wner | |
| - | | | | | | | | | | | | | | _ | X | Office | er (give title | (| ther (| specify | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/13/2009 | | | | | | | | | Λ | belov | | | | | |
| | | | | | | | | | | | | | | | | Pres & COO-Wholesale Business | | | | iess | |
| PO BOX 1400 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | Line) | | | | | | | |
| RAPID CITY SD 577091400 | | | | X | | | | | | | | | | | m filed by One Reporting Person | | | | | | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | |
| (City) | (5 | State) (| (Zip) | | | | | | | | | | | | | Pers | UII | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | Transaction Disposed C | | | ies Acquired (A) o Of (D) (Instr. 3, 4 | | | and 5) Secur Bene | | cially I Following | 6. Owners Form: Dire (D) or Indi (I) (Instr. 4 | ect rect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | A) or D) | Price | | Transa | action(s) 3 and 4) | | | (111511.4) | | |
| Common Stock 08/13/ | | | | 2009 | | F | | 236.505(1) | | D | \$26 | .49 | 46,799.1067 | | D | | | | | | |
| | | Ta | | | | | | | , | | osed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/E | n Date, | Code (Ins | | | | 6. Date E Expiration (Month/I | on Dat | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | rative der rity Sec (5) Ber Ow Fol Rep Tra | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nur of | ount nber ıres | | | | | | | | | |

Explanation of Responses:

1. Shares used to pay tax withholding associated with Restricted Stock vesting.

Remarks:

By: Roxann R. Basham, by power of attorney

08/17/2009

** 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.