FORM 4

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

| Machinaton  | D C  | 20540 |  |
|-------------|------|-------|--|
| Vashington, | D.C. | 20549 |  |

| STATEMENT | OF | CHANGES | IN BE | NEFICIAL | OWNERSHIP |
|-----------|----|---------|-------|----------|-----------|
|           |    |         |       |          |           |

| OMB APPROVAL             |       |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0       |       |  |  |  |  |  |  |  |  |  |
| Estimated average burden |       |  |  |  |  |  |  |  |  |  |
| 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*  McAllister Kathleen S  |     |            |                          |       |  | 2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP /SD/ [ BKH ] |  |      |   |   |   |  | (Ch                                 | elationship o<br>eck all applic   | able)  | Perso  | n(s) to Issu<br>10% Ow |          |  |  |  |
|--|-----|------------|--------------------------|-------|--|---|--|------|---|---|---|--|-------------------------------------|---|--|--------|------------------------|----------|--|--|--|
| (Last)   | ,   | irst)      | (Middle)                 |       |  | 3. Date of Earliest Transaction (Month/Da 02/26/2021                      |  |      |   |   | /Day/Year)  |  |                                     | Officer<br>below)   | (give title  |        | Other (specification)  | pecify   |  |  |  |
| (Street) RAPID (   |     | D<br>tate) | 57709<br>(Zip)           |       | 4.   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |  |      |   |   |   | Line   | )<br>X Form fi<br>Form fi           | vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |        |                        |          |  |  |  |
| 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 Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 are |      |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Follo<br>Reported |   | Form: I<br>(D) or li   |                                     | 7. Nature of Indirect Beneficial Ownership (Instr. 4)   |  |        |                        |          |  |  |  |
|  |     |            |                          |       |  |   |  | Code | v   | Amount  | (A) or<br>(D)                                       | Price  | Transact<br>(Instr. 3 a             | ion(s)  |  |        | msu. 4)                |          |  |  |  |
| Common Stock 03/01/2   |     |            |                          | 1/202 | 2021   |   |  | I    |   | 7.814   | A   | \$60.672   | 1 4,846                             | 4,846.8898  |  | D      |                        |          |  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |     |            |                          |       |  |   |  |      |   |   |   |  |                                     |   |  |        |                        |          |  |  |  |
| Derivative   Conversion   Date   Execution Date,   Security   or Exercise   (Month/Day/Year)   if any  |     |            | ansaction De Se Ac or of |       | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed<br>of (D) (Instr.<br>3, 4 and 5) |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)                                 |      | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | ly                                  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |        |                        |          |  |  |  |
|  |     |            |                          |       | Code   | v   | (A)  | (D)  | Date<br>Exercisa  | ble   | Expiration<br>Date                                  | Title  | Amount<br>or<br>Number<br>of Shares |   | (Instr. 4)   | 211(9) |                        |          |  |  |  |
| Phantom<br>Stock Unit  | (1) | 02/26/2021 |                          |       | A  |   | 443.712  |      | (2)   |   | (3)   | Common<br>Stock  | 443.712                             | \$59.16   | 2,288.98   | 378    | I                      | By Trust |  |  |  |
| Phantom<br>Stock Unit  | (1) | 03/01/2021 |                          |       | A  |   | 21.3159  |      | (2)   |   | (3)   | Common<br>Stock  | 21.3159                             | \$60.6721   | 2,310.30   | )37    | I                      | By Trust |  |  |  |

## **Explanation of Responses:**

- 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

03/02/2021

\*\* 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.