Edgar Filing: MAYS WILLIAM G - Form 4

MAYS WII	LLIAM G								
Form 4 November ()2 2011								
FORM	ЛЛ								PPROVAL
	UNITED	STATES		RITIES . ashingtor		N OMB Number:	3235-0287		
Check th if no lor subject to Section Form 4 Form 5	or Filed pur	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							
obligatio may cor <i>See</i> Inst 1(b).	tinue. Section 17			•	•	npany Act ny Act of 1	of 1935 or Secti 940	on	
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> MAYS WILLIAM G			2. Issuer Name and Ticker or Trading Symbol VECTREN CORP [VVC]				5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle) ONE VECTREN SQUARE, P. O. BOX 209			3. Date of Earliest Transaction (Month/Day/Year) 11/01/2011				(Check all applicable) Director 10% Owner Officer (give title Other (specify below) below)		
(Street) 4.			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
EVANSVI	LLE, IN 47708						Person	whole than one it	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ear) Execution Date, if TransactionAcquired (A) or any Code Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or		(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	· · · ·		
Reminder: Re	port on a separate line	e for each cla	iss of sec	urities bene	Perso inform requir	ns who res nation cont red to respo	or indirectly. spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	Ц (Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	\$ 0	11/01/2011		J <u>(1)</u>		150.9113		(2)	(2)	Common Stock	150.9113

Reporting Owners

Reporting Owner Name / Address	s	Relationships							
I O	Director	10% Owner	Officer	Other					
MAYS WILLIAM G ONE VECTREN SQUARE P. O. BOX 209 EVANSVILLE, IN 47708	Х								
Signatures									
/s/Ronald E. Christian	1/02/2011								

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Exempt acquisition of phantom shares acquired through Vectren Corporation (Vectren) Non-Qualified Deferred Compensation Plan (Plan). These transactions are exempt under Rule 16b-3.

Phantom stock units held under the non-qualified deferred compensation plan will effectively be exercised at the time amounts represented by those units are paid out under the Plan. Generally, unless provided otherwise by the participant, the payout begins with the

(2) end of the board member's service as a member of the board. Pursuant to the non-qualified deferred compensation plan, payouts can occur for up to 15 years. Amounts held in the phantom stock accounts would be amortized over that period unless directed otherwise by the participant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.