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Check this box if no longer subject to Section 16. Form 4 or Form 5		Washir CHANGE SI ection 16(a)	ngton, I ES IN B ECURI) of the y Holdin	D.C. 205 ENEFIC FIES Securitic ng Comj	49 CIAI es Ex pany	L OW tchang Act o	NERSHIP OF the Act of 1934, f 1935 or Section	OMB Number: Expires: Estimated burden hou response	urs per	
BUTH JAY S. Symbol			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of (Month/Da 02/07/20 SELDEN STREET (Street) 4. If Amen			Earliest Transaction ay/Year)				(Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) VP, Controller, Chief Acct Off 6. Individual or Joint/Group Filing(Check Applicable Line)			
BERLIN, CT 06037			, uj, 1 cui)				_X_ Form filed by	One Reporting P More than One R		
(City) (State	e) (Zip)	Table I -	- Non-Dei	rivative S	ecurit	ties Acc	uired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		n Date, if Ti Co	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares, 02/07/ \$5.00 par value	2018		А	Amount 1,722 (1)	(D) A	Price \$ 0	(Instr. 3 and 4) 15,614 (2) (3)	D		
Common Shares, 02/07/ \$5.00 par value	2018		Λ	1,983 (4)	A	\$0	17,597 (<u>2)</u> (<u>3)</u>	D		
Common Shares, \$5.00 par value							16 <u>(5)</u>	I	401k Plan	

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or 1		
						Exercisable	Date		Number		
					(\mathbf{A}) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BUTH JAY S. C/O EVERSOURCE ENERGY 107 SELDEN STREET BERLIN, CT 06037			VP, Controller, Chief Acct Off				
Signatures							

/s/ Kerry J. Tomasevich, attorney-in-fact for Mr. Buth

Date

02/09/2018

<u>**Signature of Reporting Person</u> Explanation of Responses:

* 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).

Grant of restricted share units (RSUs) which vests in three equal installments on February 7, 2019, 2020, and 2021, subject to shareholder approval. Restricted share units are distributable in Eversource Energy common shares on a one-for-one basis. RSU holders are entitled to

- (1) approval resulted share distribution in Eversource Energy common shares on a one-for-one basis. Rob holders are childred to receive dividend equivalents, exempt from line item reporting under SEC Rule 16a-11, to the same extent dividends are paid on common shares.
- (2) Includes deferred shares, restricted share units and dividend equivalents thereon.
- (3) Reporting person hold 50 shares jointly with his spouse.
- (4) Performance shares and dividend equivalent shares for the 2015-2017 Long-Term Incentive Program as determined on February 7, 2018.

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(5) Shares held in trust under the Eversource 401k Plan, a qualified plan, according to information supplied by the Plan's record keeper.

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.