BLACK HILLS CORP /SD/

Form 4 April 07, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * EBERTZ DAVID C			2. Issuer Name and Ticker or Trading Symbol BLACK HILLS CORP/SD/ [BKH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			(Check all applicable)				
•			•	(Month/Day/Year) 04/05/2006				_X_ Director Officer (give below)		Owner er (specify
(Street)			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
	Filed(Mon	Filed(Month/Day/Year)								
RAPID CITY, SD 57709								Form filed by More than One Reporting Person		
(C:tr.)	(0, ,)	(FT:)								
(City)	(State)	(Zip)	Table	e I - Non-E	erivative (Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securit	ties A	equired	5. Amount of	6. Ownership	7. Nature of
1.Title of Security	` ,	Pate 2A. Dee ar) Execution		3. Transactio	4. Securiton(A) or Di	ties A	equired d of (D)	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
1.Title of	2. Transaction D	Date 2A. Dee ar) Execution	emed on Date, if	3. Transaction	4. Securit	ties A	equired d of (D)	5. Amount of	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
1.Title of Security	2. Transaction D	Date 2A. Dee ar) Execution	emed	3. Transactio	4. Securiton(A) or Di	ties A	equired d of (D)	5. Amount of Securities Beneficially	6. Ownership Form: Direct	7. Nature of Indirect
1.Title of Security	2. Transaction D	Date 2A. Dee ar) Execution	emed on Date, if	3. Transaction	4. Securiton(A) or Di	ties Ac spose 4 and	equired d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
1.Title of Security	2. Transaction D	Date 2A. Dee ar) Execution	emed on Date, if	3. Transaction	4. Securiton(A) or Di	ties A	equired d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership

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)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exercisal Expiration Date		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day/ Teal)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Yea e	ar)	Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Ex Exercisable Da	•	Title Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
EBERTZ DAVID C PO BOX 1400	X					
RAPID CITY, SD 57709						

Signatures

By: Roxann R. Basham For: David C. Ebertz 04/07/2006

**Signature of Reporting Person Date

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).

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.

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