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CMS ENERG	GY CORP											
Form 4												
January 22, 2	2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi								Expires:	January 31,			
if no longer subject to STATEMENT OF CI						CIAI	L OW	NERSHIP OF	Estimated a	2005 average		
	Section 16. SECU					URITIES				burden hours per		
Form 4 or Form 5									response	0.5		
obligation	NG						-	e Act of 1934,				
may conti				•	. .			f 1935 or Section	n			
<i>See</i> Instru 1(b).	iction	30(n) o	of the Inv	estment	Company	Act	OI 194	+0				
(Print or Type R	Responses)											
1. Name and A Poppe Patric	2. Issuer Name and Ticker or Trading Symbol CMS ENERGY CORP [CMS]				5	5. Relationship of Reporting Person(s) to Issuer						
(T)					-	10]		(Chec	k all applicable	e)		
(Last)	(First) (M	· · ·		Earliest Tra	ansaction			Director	100	Owner		
ONE ENERGY PLAZA			(Month/Day/Year) 01/20/2016					Director 10% Owner Officer (give title Other (specify below) below) Senior Vice President				
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
JACKSON,	MI 49201							_X_ Form filed by C Form filed by M Person				
(City)	(State) (Zip)	Table	I Non D	animativa S	: +	iog A og	uired, Disposed of	f on Donoficial	ly Owned		
· ·		-						• • •		•		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	on Date, if Transaction(A) or D Code (D)					Securities Beneficially	6. Ownership Form: Direct (D) or	Indirect Beneficial		
		(Month/Da	ay/Year)	(Instr. 8)	(Instr. 3, 4	(A) or		Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common				Code V	Amount 44,494	(D)	Price					
Stock	01/20/2016			А	(<u>1)</u>	А	\$0	118,365	D (2)			

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

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 control number.

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

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	Date	Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Poppe Patricia K ONE ENERGY PLAZA JACKSON, MI 49201			Senior Vice President					
Signatures								
Melissa M. Gleespen, Atty-in-Fact		01/22/2016						
**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).
- (1) Restricted Stock granted by CMS Energy Corporation ("CMS") pursuant to CMS' Performance Incentive Stock Plan and subject to a three-year "cliff" vesting schedule.

The total holdings reflect an adjustment of 784 additional shares of Common Stock of CMS Energy Corporation ("CMS") acquired as a result of dividend reinvestment pursuant to the reporting person's participation in the CMS Stock Purchase Plan, and an adjustment of 923

(2) additional shares of Restricted Stock purchased on behalf of the reporting person as a result of an automatic acquisition of Restricted Stock in lieu of cash dividends pursuant to the terms of the award granted to the reporting person in accordance with the provisions of the CMS Performance Incentive Stock Plan.

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.