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CMS ENERG	GY CORP										
Form 4											
January 22, 2	016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL	
	UNITED	STATES		ITIES A hington,			IGE (COMMISSION	OMB Number:	3235-0287	
Check thi								Expires:	January 31,		
if no longer subject to STATEMENT OF				GES IN I	BENEFI	CIAI	L OW	NERSHIP OF	Estimated a	2005 average	
	Section 16. SECURITIES							burden hours per			
Form 4 or Form 5									response	0.5	
obligation							-	e Act of 1934,			
may conti				•	•			f 1935 or Section	n		
<i>See</i> Instru 1(b).	ction	50(II)	of the In	vestment	Company	Act	01 194	+0			
(Print or Type R	esponses)										
			2. Issuer Name and Ticker or Trading Symbol CMS ENERGY CORP [CMS]				5	5. Relationship of Reporting Person(s) to Issuer			
	CIMS EF	VERGIC		v15]		(Check all applicable)					
				Date of Earliest Transaction							
ONE ENERGY PLAZA			(Month/Day/Year)					Director 10% Owner Officer (give title Other (specify			
			01/20/2016					below) Exec Vice Pres/CFO			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	Filed(Mon	th/Day/Year))			Applicable Line)					
JACKSON,	MI 49201							_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution			med 3. 4. Securities Acquired on Date, if Transaction(A) or Disposed of Code (D)						7. Nature of Indirect Beneficial	
(11041-0)			Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						Reported	(111501.4)				
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	01/20/2016			А	34,761 (1)	A	\$0	357,871	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	s						
1	Director	10% Owner	Officer	Other			
WEBB THOMAS J ONE ENERGY PLAZA JACKSON, MI 49201			Exec Vice Pres/CFO				
Signatures							
Melissa M. Gleespen, Attny-in-Fact		01/22/2016					
<u>**</u> Signature of Reporting Person		Date					
Evalenation of De							

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 700 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

(2) 2,670 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.