Edgar Filing: MACFARLANE JOHN C - Form 4

MACFARLAN	NE JOHN C											
Form 4												
February 04, 2	011											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL			
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this										Expires:	January 31,	
if no longer subject to	STATEN	AENT O	F CHANG	ES IN	I BI	ENEFIC	CIAL	OWN	NERSHIP OF	Estimated average		
Section 16. Form 4 or	ection 16. SECURITIES						burden hours per response 0.5					
Form 5								100001100	0.0			
obligations	Section 17(•	1935 or Section	1		
may contin See Instruct	ue.		of the Inve	•		• •	•					
1(b).												
(Print or Type Re	sponses)											
1 Name and Add	trace of Penorting	Derson *		Ŧ	1.00				5 Palationship of	Paparting Pars	on(s) to	
MACEADIANE IOIDIC				Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
MACFARLANE JOHN C Symbol Otter Tail Corp [OTTR]												
(T =)				•	-	_			(Check	c all applicable)	
(Last)	(First) (Middle)	3. Date of Earliest Transaction				V Director	100/	Oruman			
215 S CASCA	ADE ST		(Month/Day 02/02/201	-					X_ Director 10% Owner Officer (give title Other (specify			
215 5 611561			02/02/201	. 1					below)	below)		
(Street) 4. If A			4. If Amend	If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) Applicable Line)												
FEDCUS FAI	LLC MNLECES	7 2001							_X_ Form filed by O Form filed by M			
FERGUS FAI	LLS, MN 5653	7-2801							Person			
(City)	(State)	(Zip)	Table 1	I - Non	Der	ivative Se	ecuriti	es Acq	uired, Disposed of,	or Beneficiall	ly Owned	
1.Title of	2. Transaction D	ate 2A. D	eemed	3.		4. Securi			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Yea		tion Date, if	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)					Securities	Ownership	Indirect	
(Instr. 3)		any (Mont	h/Day/Year)						Beneficially Owned		Beneficial Ownership	
		((-)	(,		-)	Following	Indirect (I)	(Instr. 4)	
							(A)		Reported	(Instr. 4)		
							or		Transaction(s) (Instr. 3 and 4)			
COMMON				Code	V	Amount	(D)	Price				
COMMON STOCK	02/02/2011			G	V	25	D	\$0	63,036.3472 (1)	D		
									<u>(-)</u>			
COMMON									27,506.281	Ι	By IRA	
STOCK									.,			

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)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun Number Shares
Stock Options(right to buy)	\$ 26.25					04/09/2002 <u>(1)</u>	04/09/2011	Common Stock	100,0

Reporting Owners

Reporting Owner Name / Address						
1	Director 10% Own		Officer	Other		
MACFARLANE JOHN C 215 S CASCADE ST FERGUS FALLS, MN 56537-2801	Х					
Signatures						
/s/John C MacFarlane by Ella J Leaj Attorney-in-Fact	paldt,		02	2/04/2011		
<u>**</u> Signature of Reporting Pers		Date				
Explanation of Resp	onses	S:				

- * 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) Total dirct holdings include shares jointly held with spouse in the Dividend Reinvestment Plan and the Employee Stock Purchase Plan. Also shares acquired individually pursuant to Restricted Stock Award distributions and shares held in a Wells Fargo account.

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.