Edgar Filing: SADLIER R DANIEL - Form 4

SADLIER F Form 4	R DANIEL									
March 05, 2	.007									
FORM	14		GEGU						PPROVAL	
	UNITED	STATES		RITIES A Ashington			COMMISSIO	N OMB Number:	3235-0287	
Check th if no lon	gor							Expires:	January 31	
subject t Section	AENT OF	F CHAI	NGES IN SECUI	Estimated	Estimated average burden hours per					
Form 4	or							response	•	
Form 5 obligation may com <i>See</i> Instru- 1(b).	ons Section 17((a) of the I	Public U	Jtility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940	on		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> SADLIER R DANIEL			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			VECT	REN COF	RP [VVC]	(Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(·····	- /	
ONE VECTREN SQUARE, P. O. BOX 209			(Month/Day/Year) 03/01/2007				X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street)			4. If Am	endment, D	ate Origina	1	6. Individual or Joint/Group Filing(Check			
EVANSVI	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tak	le I - Non-l	Derivative	Securities A	cauired Disposed	of or Beneficia	llv Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A.(Instr. 3)any		-		ble I - Non-Derivative Securities 3. 4. Securities				6. Ownership	7. Nature of	
		Execution any (Month/Da		Transactio Code (Instr. 8)	onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	-	-	-			
					inform requir	nation cont ed to respo	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 						
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	\$ 0	03/01/2007		J <u>(1)</u>		187.4242		(2)	(2)	Common Stock	187.4242

Reporting Owners

Reporting Owner Name / Addres	SS	Relationships							
	Director	10% Owner	Officer	Other					
SADLIER R DANIEL ONE VECTREN SQUARE P. O. BOX 209 EVANSVILLE, IN 47708	Х								
Signatures									
Ronald E. Christian	03/05/2007								

**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).

Phantom stock units held under the non-qualified deferred compensation plan will effectively be exercised at the time the amounts represented by those units are paid out under the Plan. Generally, unless provided otherwise by the participant, the payout begins with the

(2) end of the board member's service as a member of the board. Pursuant to the non-qualified deferred compensation plan, payouts can occur for up to 15 years. Amounts held in the phantom stock accounts would be amortized over that period unless directed otherwise by the participant.

(1) Phantom shares acquired through Vectren Corporation (Vectren) Non-Qualified Deferred Compensation 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.