Edgar Filing: VECTREN CORP - Form 4

VECTREN	CORP										
Form 4											
April 09, 20											
FORM		STATES	SECU	DITIES				NT	PPROVAL		
	UNITED	SIAIES		shington				N OMB Number:	3235-0287		
Check t	his box		vv a	isinington	, D.C. 20	547			January 31,		
if no lo		MENT OF	F CHAN	NGES IN	BENEF	ICIAL OV	WNERSHIP OF	Expires:	2005		
subject Section	10			SECU				Estimated burden hou	•		
Form 4								response			
Form 5 obligati							nge Act of 1934,				
may con				•	•	- ·	of 1935 or Secti	on			
See Inst	ruction	30(h)	of the I	nvestment	t Compar	ny Act of 1	940				
1(b).											
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person <u>*</u>	2. Issue	er Name an o	d Ticker or	Trading	5. Relationship of Reporting Person(s) to				
MAYS WILLIAM G			Symbol				Issuer				
			VECT	REN COF	RP [VVC]	(Check all applicable)				
(Last)	(First) ((Middle)	3. Date of Earliest Transaction								
		D 0		Day/Year)			_X_ Director10% Owner				
ONE VECTREN SQUARE, P. O. BOX 209			04/04/2	2007			Officer (give title Other (specify below) below)				
(Street)			4. If Am	endment, D	ate Origina	ıl	6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by One Reporting Person				
EVANSVI					Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security	2. Transaction Date	2A. Deeme Execution		3. Transactio	4. Securit		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	(Month/Day/Year)	any	Date, II	Code	Disposed		Beneficially	(D) or Indirect			
, ,		(Month/Da	y/Year)	(Instr. 8)	(Instr. 3, 4		Owned	(I)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
						(A)	Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Domindon D	nont on a comparate lise	a fan aaak -l	on of a				an in dina atly				
Kenninder: Ke	port on a separate line	e for each cla	ass of sec	unties bene	-	-	spond to the colle	ection of	SEC 1474		
					inform	nation cont	ained in this form	n are not	(9-02)		

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed o (Instr. 3, 4, 5)	f (D)				(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	\$ 0	04/04/2007		J <u>(1)</u>		98.2087		(2)	(2)	Common Stock	98.2087

Reporting Owners

Reporting Owner Name / Addres	SS	Relationships							
	Director	10% Owner	Officer	Other					
MAYS WILLIAM G ONE VECTREN SQUARE P. O. BOX 209 EVANSVILLE, IN 47708	Х								
Signatures									
Ronald E. Christian	04/09/2007								

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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 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.