## Edgar Filing: VECTREN CORP - Form 4

VECTREN Form 4										
Form 4         September 02, 2005         FORM 4         UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549         Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							N OMB Number: Expires: Estimated burden h response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5		
1(b). (Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> DUNN JOHN M			2. Issuer Name <b>and</b> Ticker or Trading Symbol VECTREN CORP [VEC]			5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) ONE VECTREN SQUARE			3. Date of Earliest Transaction (Month/Day/Year) 09/01/2005			(Check all applicable) <u></u> Director <u></u> Officer (give title below) <u></u> 10% Owner <u></u> 0ther (specify below)				
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative	Securities A	Person Acquired, Disposed			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	ed Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4)	ies (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Perso inform requir	ns who re nation con red to resp iys a curre	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	m are not orm	SEC 1474 (9-02)	

# 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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or		

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	Derivative Security			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	09/01/2005	J <u>(1)</u>		271.5331		(2)	(2)	Common Stock	271.5331

# **Reporting Owners**

<b>Reporting Owner Name / Addr</b>	ess	Relationships						
	Director	10% Owner	Officer	Other				
DUNN JOHN M ONE VECTREN SQUARE EVANSVILLE, IN 47708	X							
Signatures								
Ronald E. Christian	09/02/2005							
**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.