Edgar Filing: CENTERPOINT ENERGY INC - Form 4

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CENTERPOIN Form 4	IT ENERGY INC										
February 23, 20	017										
	Л							OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHA Washington, D.C. 20549						NGE C	OMMISSION	OMB Number:	3235-0287		
Check this b if no longer								Expires:	January 31, 2005		
subject to Section 16. Form 4 or	STATEMEN	SECURITIES							verage rs per		
Form 5	Filed pursuan	t to Section	16(a) of th	ne Securit	ies Ez	xchange	e Act of 1934.	response	0.5		
obligations	Section $17(a)$ of					-		ı			
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type Res	ponses)										
1. Name and Add ROGERS WIL	l			5. Relationship of Reporting Person(s) to Issuer							
			CENTERPOINT ENERGY INC [CNP]				(Check all applicable)				
(Last)	(First) (Middle) 3. Date of	of Earliest T	ransaction			Director		Owner		
			Month/Day/Year))2/21/2017				X Officer (give title Other (specify below) below) EVP & Chief Financial Officer				
			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line)				
HOUSTON, TX 77002 Form filed by One Reporting Person Form filed by More than One Reporting Person											
(City)	(State) (Zip)	Tab	le I - Non-l	Derivative	Securi	ties Acqu	uired, Disposed of,	, or Beneficial	ly Owned		
	Transaction Date 2A. Month/Day/Year) Exe any (Mo	cution Date, if	Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4) Amount	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common 02 Stock 02	2/21/2017		А	12,531 (1)	А	\$ 26.61	67,020 <u>(2)</u>	D			

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
ROGERS WILLIAM D 1111 LOUISIANA HOUSTON, TX 77002			EVP & Chief Financial Officer				
Signatures							
Vincent A. Mercaldi, Attorney-in-Fact		02/23/20	17				
**Signature of Reporting Person		Date					
Evaluation of Reconcest							

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) Time-based restricted stock units vesting in February 2020 if the Reporting Person continues to be an employee of Issuer from the grant date through the vesting date and on a pro-rata basis in the event of his earlier retirement, disability or death.

Total includes (i) 7,970 time-based restricted stock units previously awarded under the Issuer's Long-term Incentive Plan and vesting in February 2018, and (ii) 13,791 time-based restricted stock units previously awarded under the Issuer's Long-term Incentive Plan and

(2) reordary 2019, and (n) 15,791 time-based restricted stock units previously awarded under the issuer is Long-term incentive rian and vesting in February 2019. Each award shall vest if the Reporting Person continues to be an employee of Issuer from the grant date through the vesting date and on a pro-rate basis in the event of his earlier retirement, disability or death.

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.