NISOURCE INC/DE

Form 4

February 02, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number: January 31, Expires:

2005 Estimated average

0.5

of

401(k)

burden hours per response...

Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

subject to

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

1(b).

Common

Common

Stock

Stock

01/29/2016

(Print or Type Responses)

1. Name and Address of Reporting Person *_ LEVANDER CARL W			2. Issuer Symbol	Name and	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
			NISOUI	RCE INC	/DE [NI]	(Check all applicable)				
(Last) (I	First) (N	Middle)	3. Date of Earliest Transaction							
			(Month/D	ay/Year)		Director 10% Owne				
NISOURCE INC., 801 E. 86TH AVENUE			01/29/20	016		_X_ Officer (give title Other (specify below)				
(Street)			4. If Amer	ndment, Da	te Original	6. Individual or Joint/Group Filing(Check				
		Filed(Mon	th/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person					
MERRILLVILLE	E, IN 46410					Form filed by l Person	More than One Rep	porting		
(City) (S	State)	(Zip)	Table	e I - Non-D	Perivative Securities Acq	uired, Disposed o	f, or Beneficiall	y Owned		
	ansaction Date nth/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Α

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Transaction(s)

(Instr. 3 and 4)

D

I

96,388 (1)

1,245.8921

(2)

or

(D)

A

Price

21.01

Amount

21,418

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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.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date		Title N			
						Exercisable		Title Number of			
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

LEVANDER CARL W NISOURCE INC. **801 E. 86TH AVENUE** MERRILLVILLE, IN 46410

EVP & Chief Regulatory Officer

Signatures

/s/ Samuel K. Lee, attorney-in-fact for Carl W. Levander

02/01/2016

**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).
- Includes performance share units granted on January 29, 2016. These units are scheduled to vest three years after the date of grant and upon satisfaction of performance measures approved by the Compensation Committee.
- Includes shares acquired through the NiSource Inc. Retirement Savings Plan through January 29, 2016.

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.

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