## Edgar Filing: CENTERPOINT ENERGY INC - Form 4

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CENTERPO Form 4	DINT ENERGY INC										
Form 4 February 23,	2017										
								OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box						Expires:	January 31,				
subject to Section 1	if no longer subject to Section 16. Form 4 or						NERSHIP OF	Estimated a burden hour	rs per		
Form 5		nt to Section 1	6(a) of th	ne Securit	ies Er	xchange	Act of 1934	response	0.5		
	obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section										
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type Responses)											
								Reporting Person(s) to			
CARROLL	ibol NTERPOINT ENERGY INC										
		[CNP]					(Check all applicable)				
(Last)	(First) (Midd	le) 3. Date o	3. Date of Earliest TransactionX [						Owner r (specify		
			Month/Day/Year) 02/22/2017				below) below) Executive Chairman				
	mendment, Date Original			6. Individual or Joint/Group Filing(Check							
_X_							pplicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting				
11005101	, IA //002						Person				
(City)	(State) (Zip)	) Tab	le I - Non-I	Derivative	Securi	ties Acqu	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A (Month/Day/Year) Ex an (M	ecution Date, if	ate, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	02/22/2017		Code V A	Amount 22,873 (1)	(D) A	Price \$ 26.56	(Instr. 3 and 4) 217,478 (2)	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Relationships							
Other							
ın							

## **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) 16,660 time-based restricted stock units previously awarded under the Issuer's Long-term Incentive Plan ("LTIP") and vesting in February 2018 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, and (ii) 29,825 time-based restricted stock units previously

(2) awarded under the LTIP and vesting in February 2019 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 also includes 30,000 shares previously awarded under the LTIP and vesting in June 2017 in connection with and contingent on his service as Executive Chairman of the Issuer on the vesting date.

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.