

McHale David R  
Form 3  
January 11, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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

(Print or Type Responses)

|   |         |                                      |  |  |
|---|---------|--------------------------------------|--|--|
| 1. Name and Address of Reporting Person * |         | 2. Date of Event Requiring Statement | 3. Issuer Name <b>and</b> Ticker or Trading Symbol                     |  |
| Â McHale David R                          |         | (Month/Day/Year)                     | NORTHEAST UTILITIES [NU]   |  |
| (Last)                                    | (First) | (Middle)                             | 4. Relationship of Reporting Person(s) to Issuer                       | 5. If Amendment, Date Original Filed(Month/Day/Year) |
|   |         | 01/01/2005                           |  |  |
| NORTHEAST UTILITIES,Â 107 SELDEN STREET   |         |                                      | (Check all applicable)   |  |
| (Street)                                  |         |                                      | <input type="checkbox"/> Director                                      | <input type="checkbox"/> 10% Owner                   |
|   |         |                                      | <input checked="" type="checkbox"/> Officer                            | <input type="checkbox"/> Other                       |
|   |         |                                      | (give title below) (specify below)                                     |  |
|   |         |                                      | Sr. Vice Pres. & CFO   |  |
|   |         |                                      | 6. Individual or Joint/Group Filing(Check Applicable Line)             |  |
|   |         |                                      | <input checked="" type="checkbox"/> Form filed by One Reporting Person |  |
|   |         |                                      | <input type="checkbox"/> Form filed by More than One Reporting Person  |  |
| BERLIN,Â CTÂ 06037                        |         |                                      |  |  |
| (City)                                    | (State) | (Zip)                                |  |  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|--|---|--|
| Common Shares, \$5 par value       | 3,347 <sup>(1)</sup>                                     | I   | By 401k Plan trustee                                     |
| Common Shares, \$5 par value       | 8,135 <sup>(2)</sup>                                     | D   | Â  |

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security | 4. Conversion or Exercise | 5. Ownership Form of | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|---|---|--|---------------------------|----------------------|--|
|---|---|--|---------------------------|----------------------|--|

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|                     | Date Exercisable | Expiration Date | (Instr. 4)<br>Title          | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) (Instr. 5) |
|---------------------|------------------|-----------------|------------------------------|----------------------------|------------------------------|--|
| Options to Purchase | Â (3)            | Â (3)           | Common Shares, \$5 par value | 18,501                     | \$ (3)                       | D Â  |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                        |       |
|--|---------------|-----------|------------------------|-------|
|  | Director      | 10% Owner | Officer                | Other |
| McHale David R<br>NORTHEAST UTILITIES<br>107 SELDEN STREET<br>BERLIN, CT 06037 | Â             | Â         | Â Sr. Vice Pres. & CFO | Â     |

## Signatures

/s/ David R.  
McHale

01/11/2005

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Beneficially owned as of December 31, 2004, according to information supplied by the plan's recordkeeper.
- (2) Includes restricted shares.

- (3) Includes 4,305 options granted on 5/12/98 with an exercise price of \$16.3125; such grant became exercisable 1/3 on the date of the grant and 1/3 on each of the first and second anniversaries of the grant date and expiring on the tenth anniversary of the grant date. Also includes 7,116 options granted on 2/23/99 with an exercise price of \$14.9375; 9,000 options granted on 2/22/00 with an exercise price of \$18.4375; 7,500 options granted on 2/27/01 at an exercise price of \$21.03; and 8,000 options granted on 2/25/02 at an exercise price of \$18.58; each of such grants becomes exercisable 1/3 on each of the first three anniversaries of the grant date and expiring on the tenth anniversary date of the grant 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.