Edgar Filing: MCGINLEY JOHN TIMOTHY - Form 4

MCGINLE Form 4 March 03, 2	Y JOHN TIMOT	HY										
FORM	ЛЛ									OMB A	PPROV	AL
	UNITED	STATES	S SECURITIES AND EXCHANGE COMMISSIC Washington, D.C. 20549						N	OMB Number: 3		-0287
Check t if no lo subject Section Form 4 Form 5	to SIAIE 16. or	STATEMENT OF CHAN				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 20 Estimated average burden hours per response	
Form 5 obligations may continue. See Instruction 1(b). 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 MCGINLI		2. Issuer Name and Ticker or Trading Symbol VECTREN CORP [VVC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	of Earliest	Tra	ansaction		(Ch	eck	an applicabl	e)	
ONE VECTREN SQUARE, P. O. BOX 209			(Month/Day/Year) 03/01/2011				_X_Director10% Owner Officer (give titleOther (specify below) below)					
(Street)			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					
EVANSV	ILLE, IN 47708							Form filed by Person	Mo	ore than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non	1-D	erivative	Securities A	cquired, Disposed	of,	or Beneficia	lly Owne	ed
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transact Code (Instr. 8) Code V)	Disposed (Instr. 3, -	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Fo (D (I)	Ownership orm: Direct or Indirect hstr. 4)	7. Natur Indirect Benefici Ownersl (Instr. 4)	al 1ip
Reminder: Re	eport on a separate lin	e for each cl	ass of sec	urities ben	nefi	Perso inforr requi	ons who res nation cont red to respo	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n a orm	re not	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	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

number.

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(Instr. 3)	Price of Derivative Security	(Month/Day/	Year) (Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Instr.
			Code V	(A) (D)) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0	03/01/2011	J <u>(1)</u>	41.22	(2)	(2)	Common Stock	41.22	\$

Reporting Owners

Reporting Owner Name / Addres	s	Relationsh		
	Director	10% Owner	Officer	Other
MCGINLEY JOHN TIMOTH ONE VECTREN SQUARE P. O. BOX 209 EVANSVILLE, IN 47708	Y X			
Signatures				
/s/Ronald E. 0 Christian	3/03/2011			
**Signature of	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).
- (1) Exempt acquisition of phantom shares acquired through Vectren Corporation ("Vectren") Non-Qualified Deferred Compensation Plan ("Plan"). These transactions are exempt under Rule 16b-3.

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 amoritized over that period unless directed otherwise by the participant.

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.

Reporting Person