#### Edgar Filing: Hamrock Joseph - Form 4

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Hamrock J	oseph												
Form 4													
August 10,	2018												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION											OMB APPROVAL		
Washington, D.C. 20549									MMISSION	OMB Number:	3235-0287		
Check if no lo					Expires:	January 31, 2005							
subject	MENT OF	F CHANGES IN BENEFICIAL OWNERSHIP								Estimated average			
Section		SECURITIES							burden hours per				
	Form 4 or								61024	response	0.5		
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,													
See Instruction See Instructio													
See Ins	truction	30(h) c	of the Ir	nvestn	nent	Company	Ac	t of	1940				
1(b).													
(Print or Type	e Responses)												
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of R										Deporting Dars	on(s) to		
Hamrock J		2. Issuer Name <b>and</b> Ticker or Trading							5. Relationship of Reporting Person(s) to Issuer				
		Symbol NISOURCE INC/DE [NI]											
( <b>T</b> )									(Check all applicable)				
(Last)	(First)		3. Date of Earliest Transaction							_X_ Director 10% Owner			
801 E. 867		(Month/Day/Year) 08/08/2018							Officer (give title Other (specify				
001 12.001		t						be	below) below) Director, and President & CEO				
									6. Individual or Joint/Group Filing(Check				
	]	· · · · · · · · · · · · · · · · · · ·							Applicable Line) _X_ Form filed by One Reporting Person				
MERRILLVILLE, IN 46410													
WILKINILL	2 VILLE, IIV +0+10	)							Pe	erson			
(City)	(State)	(Zip)	Tab	le I - N	lon-I	Derivative Se	cur	ities	Acquii	red, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3. 4. Securities Acquired Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)						5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution E any	Jate, If							Securities Beneficially	Ownership Form:	Indirect Beneficial	
(1150.5)		(Month/Day	y/Year)							Owned	Direct (D)	Ownership	
										Following	or Indirect	(Instr. 4)	
								(A)		Reported Transaction(s)	(I) (Instr. 4)		
								or		(Instr 3 and 4)	(11150.4)		
Common				Code	V	Amount	$\mathbf{r}$	(D)	Price	````			
Common Stock	08/08/2018			G	V	16,662.50 (1)	Ζ	D	\$0	342,254	D		
						<u></u>							
Common										3,878.2954	Ι	401(k)	
Stock										(2)			

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.

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (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.	int 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		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Hamrock Joseph 801 E. 86TH AVENUE MERRILLVILLE, IN 46410	Х		Director, and President & CEO					
Signatures								

## ngnatur

/s/ John G. Nassos, Attorney-in-Fact

08/09/2018

\*\*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).

(1) Represents shares contributed to a donor advised charitable fund.

(2) Shares acquired through the NiSource Retirement Savings Plan through 8/8/2018.

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.