## Edgar Filing: UNISOURCE ENERGY CORP - Form 4

UNISOUR Form 4 October 06	CE ENERGY CO	RP								
FORM	ЛЛ								PPROVAL	
	UNITED	STATES		RITIES A			COMMISSIO	N OMB Number:	3235-0287	
Check t								Expires:	January 31,	
if no los subject Section Form 4	to <b>SIAIEN</b> 16.	AENT OI	Estimated a burden hou response	urs per						
Form 5 obligati may co <i>See</i> Inst 1(b).	ons ntinue. Section 17(	a) of the l	Public U	Itility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940			
(Print or Type	Responses)									
1. Name and GLASER	Person <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol UNISOURCE ENERGY CORP				5. Relationship of Reporting Person(s) to Issuer				
		[UNISC	JURCE E	NEKGY	CORP	(Check all applicable)				
(Last)	Middle)	3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner Officer (give title Other (specify below) below)				
I S. CHUP	RCH AVENUE, U	E183	10/06/2	2005			Sr Vice President of sub-TEP			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
TUCSON,	AZ 85701			·			_X_ Form filed by	One Reporting Po More than One Ro		
(City)	(Stata)	(7in)								
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securiti nAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
D 1 1 D		C 1 1	C	Code V		(D) Price				
Keminder: Re	port on a separate line	tor each cl	ass of sec	urities bene:	Perso inform requir	ns who rest nation cont ed to resp ys a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	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

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(Instr. 3)	Price of Derivative Security	(Mc	onth/Day/Year)	(Instr.	8)	(D)	A) or Disposed of D) Instr. 3, 4,			(Instr.		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(3)</u>	10/03/2005		А		12.25		(1)(2)	(2)	Common Stock	12.25	\$ 33

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
GLASER STEVEN J 1 S. CHURCH AVENUE UE183 TUCSON, AZ 85701			Sr Vice President of sub-TEP					
Signatures								
C. David Lamoreaux, Attorney in Fact		10/06/20	10/06/2005					
**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) Credited as fully-vested dividend equivalents under the UniSource Energy Corporation Management and Directors Deferred Compensation Plan (the "DCP") with respect to dividends declard by the issuer on its Common Stock.
- (2) Payable at the time or times elected by the reporting person under the DCP and subject to earlier payment in accordance with the DCP.
- (3) Converts to common stock on a 1-for-1 basis.

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.