## Edgar Filing: NISOURCE INC/DE - Form 4

NISOURCE	INC/DE									
Form 4										
June 15, 201	.5									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
	• • UNITED					NGE C	OMMISSION	OMB	3235-0287	
Check th	is box	vva	shington,	, D.C. 20	1549			Number:	January 31,	
if no long		IENT OF CHAN	ICES IN	RENEE	ют		FRSHIP OF	Expires: 2005		
subject to					ICIA		CRSIII OF	Estimated average		
Form 4 c	Section 16. SECURITIES						burden hours per response 0.5			
Form 5								response	0.5	
obligatio	ns Section 17(	a) of the Public U				•				
may cont See Instr	unue.	30(h) of the I	•	•	-	•				
1(b).	uetion	. ,		•						
(Print or Type ]	Responses)									
1 Name and A	Address of Reporting	Person <sup>*</sup> 2 Laure		IT:	T		5. Relationship of l	Reporting Pers	on(s) to	
Parker Deb	r Name <b>and</b> Ticker or Trading				Issuer					
		Symbol NISOI	JRCE INC	VDE INI	7					
(Lost)	(First)			-	· ]		(Check	all applicable	)	
(Mo			3. Date of Earliest Transaction (Month/Day/Year) 06/12/2015				X Director	10%	Owner	
							Officer (give title Other (specify			
		00,12,1	-010				below)	below)		
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(Mc	onth/Day/Year	r)			Applicable Line) _X_ Form filed by O	ne Reporting Per	son	
MERRIII	VILLE, IN 46410	-6272					Form filed by Me			
WILKNILL	· ILLL, II • • • • • 10	-0272					Person			
(City)	(State)	(Zip) Tab	le I - Non-I	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Code (Instr. 3, 4 and 5)				Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)					Beneficially Owned	Form: Direct Benefic (D) or Owner	Beneficial Ownership	
		(infondit/Duy/Tour)	(11541.0)				Following	Indirect (I)	(Instr. 4)	
					(A)		Reported	(Instr. 4)		
					or		Transaction(s) (Instr. 3 and 4)			
~			Code V	Amount	(D)	Price	(msu: 5 and 1)			
Common	06/12/2015		S	329	D	\$	14,941.649	D		
Stock						46.031				
Common	06/12/2015		S	3,100	D	\$	11,841.649	D		
Stock	001212013		0	5,100	D	46.306	11,011.017	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and A	Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Underlying S	Securities	Deriva
Security	or Exercise		any	Code	of	(Month/Day	/Year)	(Instr. 3 and	4)	Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e				(Instr.
	Derivative				Securities	5				
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0					(1)	<u>(1)</u>	Common Stock	27,160.19	

## **Reporting Owners**

Reporting Owner Name / Address								
	Director	10% Owner	Officer	Other				
Parker Deborah S 801 E 86TH AVENUE MERRILLVILLE, IN 46410-6272	Х							
Signatures								
/s/ Samuel K. Lee, attorney-in-fact for Deborah S.								
Parker			06/	/15/2015				
<u>**</u> Signature of Reporting Per			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).
- The reported phantom stock units were acquired under the NiSource Inc. 2010 Omnibus Incentive Plan and are to be settled upon the (1) reporting person's retirement or other termination of service.

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.