Edgar Filing: SADLIER R DANIEL - Form 4

SADLIER	R DANIEL											
Form 4												
February 0	3, 2009											
FOR	M 4		CECU	DIFIE		GUANGE			PPROVAL			
	UNITED	STATES	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					N OMB Number:	3235-0287			
Check if no lo subject Section Form 4	to SIAIE N 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES										
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17	response 0. 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	e Responses)											
1. Name and Address of Reporting Person <u>*</u> SADLIER R DANIEL			2. Issuer Name and Ticker or Trading Symbol VECTREN CORP [VVC]				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (3. Date of Earliest Transaction				(Ch	(Check all applicable)				
ONE VECTREN SQUARE, P. O. BOX 209			(Month/Day/Year) 02/02/2009			X_ Director 10% Owner Officer (give title Other (specify below) below)						
				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 Form filed by More than One Reporting 					
EVANSV	ILLE, IN 47708						Form filed by Person	More than One R	eporting			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4)	(A) or of (D)	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)			
Reminder: R	eport on a separate line	e for each cla	uss of sec		eficially ow Perso inforn	ned directly ons who res	spond to the colle ained in this form	n are not	SEC 1474 (9-02)			
							ond unless the fo ntly valid OMB co					

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

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

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	· · · · · · · · · · · · · · · · · · ·		(Instr. 8)	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	02/02/2009		J <u>(1)</u>	144.2863		(2)	(2)	Common Stock	144.2863

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting officer (unit) (real cos	Director	10% Owner	Officer	Other			
SADLIER R DANIEL ONE VECTREN SQUARE P. O. BOX 209 EVANSVILLE, IN 47708	Х						
Signatures							
/s/Ronald E. Christian, POA	02/03/2009						

**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) Phantom shares acquired through Vectren Corporation ("Vectren") Non-Qualified Deferred Compensation Plan.

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 amortized 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.