## Edgar Filing: VECTREN CORP - Form 4

VECTREN	CORP										
Form 4 October 03	2006										
								OMB A	PPROVAL		
FORM	UNITED	STATES		RITIES A shington			E COMMISSION		3235-0287		
Check t if no los subject Section Form 4 Form 5	nger to 16. or Filed put		SECU	RITIES		WNERSHIP OF	Expires: Estimated burden hou response	irs per			
obligati may co <i>See</i> Inst 1(b).	ntinue. Section 17(			•	•	npany Act ny Act of 1	of 1935 or Section 1940	on			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> SADLIER R DANIEL			Symbol	er Name <b>and</b>		-	5. Relationship of Reporting Person(s) to Issuer				
(Lest)	(First) (		VECTREN CORP [VVC] 3. Date of Earliest Transaction				(Check all applicable)				
(Month				Day/Year)	ransaction		X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)				al	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
EVANSVILLE, IN 47708							Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	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: Re	eport on a separate line	e for each cla	ss of sec	urities bene	ficially ow	ned directly	or indirectly.				
					Perso	ons who rea	spond to the colle tained in this form	n are 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 of	6. Date Exercisable and	7. Title and Amount of	:
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDerivative	Expiration Date	Underlying Securities	]
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

number.

displays a currently valid OMB control

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed o (Instr. 3, 4, 5)	f (D)				(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	\$ 0	10/02/2006		I <u>(1)</u>		99.3169		(2)	(2)	Common Stock	99.3169

## **Reporting Owners**

<b>Reporting Owner Name / Addres</b>	s	Relationships							
	Director	10% Owner	Officer Other						
SADLIER R DANIEL ONE VECTREN SQUARE P. O. BOX 209 EVANSVILLE, IN 47708	Х								
Signatures									
Ronald E. Christian	10/03/2006								

\*\*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).

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.

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

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.