## Edgar Filing: Brown Donald Eugene - Form 4

Brown Dona	ald Eugene										
Form 4											
August 09, 2	2018										
FORM	<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							r	OMB APPROVAL		
									3235-0287		
Check this box					D.C. 20:	549			Number:	January 31,	
if no lon		MENT O	F CHAN	GES IN I	RENEFI	CIA	LOW	NERSHIP OF	Expires:	2005	
subject t Section	0			GES IN BENEFICIAL OWN SECURITIES					Estimated average		
Form 4 c				Sheemins					burden hours per response 0.5		
Form 5	Filed pu	rsuant to	Section 1	6(a) of the	e Securiti	ies E	xchang	e Act of 1934,	100001100111	0.0	
obligatic may con	ons Section 17						-	f 1935 or Sectio	n		
See Instr		30(h)	) of the In	vestment	Compan	y Act	t of 194	40			
1(b).											
(Print or Type	Kesponses)										
1. Name and A	Address of Reporting	Person *	2 Issuer	Name and	Ticker or '	Tradir	NG NG	5. Relationship of	F Reporting Per	son(s) to	
Brown Don		_	Symbol	Ivanic anu		Taum	Ig	Issuer			
e 5,11001				OURCE INC/DE [NI]							
(Last)	(First) (	Middle)	3. Date of Earliest Transaction (C					(Chec	ck all applicable)		
				onth/Day/Year)				Director 10% Owner			
NISOURCI	E INC., 801 E. 86	6TH	08/08/20	-				X Officer (give	e title Oth	er (specify	
AVENUE								below) EVP & Cl	below) nief Financial C	)fficer	
	(Street)		4 If Ama	ndmant Day	ta Omininal						
				If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 nea(mon	(iii/Day/Tear)	' 			_X_ Form filed by (	One Reporting Pe	erson	
MERRILLY	VILLE, IN 46410	)						Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ities Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da			3.				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year	) Execution any	on Date, if	Transaction(A) or Disposed of Code (D)				Beneficially	(D) or l	Indirect Beneficial Ownership	
(Instr. 5)					4 and	5)					
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Coda V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					2,400		\$				
Stock	08/08/2018			S	(1)	D	ф 26.5	49,167	D		
								2 042 5677			
Common Stock								2,042.5677 (2)	Ι	401(k)	

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Brown Donald Eugene NISOURCE INC. 801 E. 86TH AVENUE MERRILLVILLE, IN 46410			EVP & Chief Financial Officer				
Signatures							
/s/ John G. Nassos.							

Attorney-in-Fact

08/09/2018 Date

\*\*Signature of Reporting Person

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## **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) The sale reported in this Form 4 was effected pursuant to a Rule 10B5-1 trading plan adopted by the reporting person on 8-3-2018.

(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.