## Edgar Filing: RECHTER RICHARD P - Form 4

RECHTER RI	CHARD P									
Form 4	00									
January 05, 20										
FORM	4 UNITED	STATES	SECU	DITIES A	ND EV	СПАМСЕ	COMMISSIO		PPROVA	L
	UNITED	SIAILS		shington				Number:	3235-0	0287
Check this if no longer subject to Section 16. Form 4 or		MENT OI	F CHAN	NGES IN SECUF	Expires: Estimated burden hou response	average Irs per	y 31, 2005 0.5			
Form 5 obligations may continu <i>See</i> Instruct 1(b). (Print or Type Res	ue. Section 17( ion	(a) of the l	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940	·		
(I fint of Type Kes	sponses)									
1. Name and Add RECHTER R	Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		-	REN COF	RP [VVC	]					
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				(Che	eck all applicabl	e)	
ONE VECTREN SQUARE, P. O. BOX 209			(Month/Day/Year) 01/02/2009			XDirector10% Owner Officer (give titleOther (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						
EVANSVILL	E, IN 47708						Person	More than One R	eporung	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	l
	Transaction Date Ionth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	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 Indirect Beneficial Ownershi (Instr. 4)	1
				Code V	Amount	(D) Price	(msu: 5 and 4)			
Reminder: Report	t on a separate line	e for each cl	ass of sec	urities benef	-	-	-			
					inforn requir	nation cont ed to resp	spond to the colle tained in this form 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 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.

8 E S

## Edgar Filing: RECHTER RICHARD P - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(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 <u>(1)</u>	01/02/2009		J <u>(1)</u>		87.5146		(2)	(2)	Common Stock	87.5146	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
I B	Director	10% Owner	Officer	Other				
RECHTER RICHARD P ONE VECTREN SQUARE P. O. BOX 209 EVANSVILLE, IN 47708	Х							
Signatures								
/s/Ronald E. Christian, POA	01/05/2	2009						

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* 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.