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CHRISTOPHERSON CATHLEEN M

Form 4

February 22, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287

January 31,

2005

0.5

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Re CHRISTOPHERSON | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|----------|--|---|--|--|--|
| M | | MDU RESOURCES GROUP INC [MDU] | (Check all applicable) | | | |
| (Last) (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | Director 10% OwnerX_ Officer (give title Other (specify | | | |
| MDU RESOURCES GROUP, INC., P. O. BOX 5650 | | 02/17/2005 | below) Vice President - Corporate Com | | | |
| (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| BISMARCK, ND 5850 | 06-5650 | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | | | Person | | | |

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 0. | 7. Nature |
|-----|------------|
| | |
| | Beneficial |
| ` ′ | Ownership |
| | (Instr. 4) |
| | |
| ` ′ | |
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| D | |
| | |
| | By |
| I | Trustee |
| | Trustee |
| _ | By |
| 1 | Trustee |
| | D |

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Common

By Stock-Restricted 1,530 I Trustee

Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerci | sable and | 7. Title and A | Amount of | 8 |
|-------------|-------------|---------------------|--------------------|-----------|--------------|----------------|------------|----------------|------------|----|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transac | tionNumber | Expiration Da | te | Underlying S | Securities | D |
| Security | or Exercise | | any | Code | of | (Month/Day/Y | (ear) | (Instr. 3 and | 4) | S |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8 |) Derivative | e | | | | (1 |
| | Derivative | | | | Securities | | | | | |
| | Security | | | | Acquired | | | | | |
| | | | | | (A) or | | | | | |
| | | | | | Disposed | | | | | |
| | | | | | of (D) | | | | | |
| | | | | | (Instr. 3, | | | | | |
| | | | | | 4, and 5) | | | | | |
| | | | | | | | | | Amount | |
| | | | | | | Date | Expiration | | or | |
| | | | | | | Exercisable | Date | Title | Number | |
| | | | | Code | V (A) (D) | | | | of Shares | |

Empl.Stock

Common 02/15/2001 02/10/2008 Opt.(Right \$ 14.0833 6,740 Stock

to Buy)

Empl.Stock

Common 02/12/2004 02/15/2011 Opt.(Right \$ 19.8267 19,500 Stock

10% Owner

to Buy)

Reporting Owners

Relationships Reporting Owner Name / Address Director

CHRISTOPHERSON CATHLEEN M MDU RESOURCES GROUP, INC. P.O. BOX 5650 BISMARCK, ND 58506-5650

Vice President -Corporate Com Other

Officer

Signatures

Cathleen M

Christopherson 02/22/2005

**Signature of Reporting Person

Date

Reporting Owners 2

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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).

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.