Edgar Filing: BEERING STEVEN C DR - Form 4

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Form 4 June 03, 201	1												
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FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287			
Check this box if no longer of a TERMENTE OF CHANGES IN DENERGIAL ON NEDSITION							Expires:	January 31, 2005					
subject to STATEMENT OF CHANGES IN BENEFICIAL					IAL (JWN	ERSHIP OF	Estimated average					
	Section 16. SECURITIES Form 4 or								burden hours per response 0.5				
Form 5	Filed pur	suant to Se	ction 1	6(a) of th	ne S	Securities	Excl	nange	Act of 1934,	10000000	0.0		
obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940													
(Print or Type]	Responses)												
1. Name and A BEERING	S	Symbol						5. Relationship of Reporting Person(s) to Issuer					
			NISOURCE INC/DE [NI]						(Check all applicable)				
(Last) (First) (Middle) 801 E 86TH AVENUE (Street)			3. Date of Earliest Transaction (Month/Day/Year)						_X_ Director10% Owner				
			06/01/2011						Difficer (give title below) Other (specify below)				
			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)				
MERRILLY	VILLE, IN 46410	-6272						-	_X_ Form filed by Or Form filed by Mo Person				
(City)	(State)	(Zip)	Tabl	le I - Non-I	Deri	ivative Sec	urities	s Acqui	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day,	ate, if	3. Transactio Code (Instr. 8) Code V	onor (In	Securities A Disposed o 1str. 3, 4 and Amount	(A) or	ed (A) Price	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)		
Common Stock	06/01/2011	06/01/201	1	A		900.082	A	\$ 0	11,420.3523 (1)	D			

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.

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

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

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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. 6. Date Exercisable and forNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (3)	\$ 0					(2)	(2)	Common Stock	56,317.016	

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
BEERING STEVEN C DR 801 E 86TH AVENUE MERRILLVILLE, IN 46410-6272	Х			
Signatures				
Gary W. Pottorff, attorney-in-fact f Beering	C.	06/03/2011		
**Signature of Reporting Pers		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) Balance includes 83.6596 shares acquired through the NiSource Inc. Dividend Reinvestment and Stock Purchase Plan through May 20, 2011.
- (2) The reported phantom stock units were acquired under the NiSource Inc. 2010 Omnibus Incentive Plan and are to be settled upon the reporting person's retirement or other termination of service.
- Balance includes 628.782 stock units acquired pursuant to a dividend reinvestment feature of the NiSource Inc. 2010 Omnibus Incentive Plan through May 20, 2011.

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.