Edgar Filing: SOUTH JERSEY INDUSTRIES INC - Form 4

SOUTH JEF Form 4 March 21, 20	RSEY INDUSTRIES	5 INC								
	Л							OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check th	s box							Expires:	January 31,	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).										
(Print or Type l	Responses)									
Nuzzo Gregory M Symbol SOUTH			r Name and Ticker or Trading I JERSEY INDUSTRIES				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
7)		INC [SJ	-							
(Last) (First) (Middle) 3. Date of (Month/D 1 SOUTH JERSEY PLAZA 03/17/20							Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
(Street) 4. If Amer			endment, Date Original				6. Individual or Joint/Group Filing(Check			
FOLSOM, 1	nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
		χ.					Person			
(City)	(State) (Zij	^{p)} Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2 (Month/Day/Year) E a (1)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
So.Jersey Ind., Inc. / Common Stock	03/17/2017		А	2,431 (1)	A	\$ 0	4,014	D		
So.Jersey Ind., Inc. / Common Stock	03/17/2017		F	766 <u>(2)</u>	D	\$ 33.69	3,248	D		
So.Jersey Ind., Inc. / Common Stock							1,713.2439 (<u>3)</u>	I	401k	

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	orNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				<u> </u>					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Addre	ess	1						
	Director	10% Owner	Officer	Other				
Nuzzo Gregory M 1 SOUTH JERSEY PLAZA FOLSOM, NJ 08037			Senior Vice President					
Signatures								
Gregory Nuzzo	03/21/2017							

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) Shares reported herein include the 2014 Performance-based Stock Award and the 2016 Time-based Stock Award
- (2) Shares reported herein include tax shares withheld for the 2014 Performance-based Stock Award and the 2016 Time-based Stock Award
- (3) The shares reported herein as owned indirectly through 401(k) were previously reported as directly owned.

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.

**Signature of

Reporting Person