

AVISTA CORP  
Form 3  
December 02, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

|                                           |         |                                                                      |                                                                                            |                                                                        |
|-------------------------------------------|---------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person * |         | 2. Date of Event Requiring Statement                                 | 3. Issuer Name <b>and</b> Ticker or Trading Symbol                                         |                                                                        |
| Â Rosentrater Heather Lynn                |         | (Month/Day/Year)                                                     | AVISTA CORP [AVA]                                                                          |                                                                        |
| (Last)                                    | (First) | (Middle)                                                             | 12/01/2015                                                                                 |                                                                        |
| 1411 E. MISSION AVENUE                    |         | 4. Relationship of Reporting Person(s) to Issuer                     |                                                                                            | 5. If Amendment, Date Original Filed(Month/Day/Year)                   |
| (Street)                                  |         | (Check all applicable)                                               |                                                                                            | 6. Individual or Joint/Group Filing(Check Applicable Line)             |
| SPOKANE,Â WAÂ 99202                       |         | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner |                                                                                            | <input checked="" type="checkbox"/> Form filed by One Reporting Person |
| (City)                                    | (State) | (Zip)                                                                | <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (specify below) |                                                                        |
|                                           |         | Vice President                                                       |                                                                                            | <input type="checkbox"/> Form filed by More than One Reporting Person  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4)                 | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|-------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| Common Stock                                    | 1,520                                                 | D                                                        | Â                                                     |
| Common Stock - Restricted Shares <sup>(1)</sup> | 984                                                   | D                                                        | Â                                                     |
| Common Stock held in 401(k) Plan                | 772                                                   | I                                                        | held by Trustee                                       |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security | 4. Conversion or Exercise | 5. Ownership Form of | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|-------------------------------------------------------|
|--------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|-------------------------------------------------------|

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|                              | Date Exercisable | Expiration Date | (Instr. 4)<br>Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) (Instr. 5) |   |
|------------------------------|------------------|-----------------|---------------------|----------------------------|------------------------------|------------------------------------------------------------|---|
| 2013 Performance Share Grant | Â (2)            | Â (2)           | Common Stock        | 1,800                      | \$ (3)                       | D                                                          | Â |
| 2014 Performance Share Grant | Â (2)            | Â (2)           | Common Stock        | 1,650                      | \$ (3)                       | D                                                          | Â |
| 2015 Performance Share Grant | Â (2)            | Â (2)           | Common Stock        | 1,455                      | \$ (3)                       | D                                                          | Â |

## Reporting Owners

| Reporting Owner Name / Address                                          | Relationships |           |                  |       |
|-------------------------------------------------------------------------|---------------|-----------|------------------|-------|
|                                                                         | Director      | 10% Owner | Officer          | Other |
| Rosentrater Heather Lynn<br>1411 E. MISSION AVENUE<br>SPOKANE, WA 99202 | Â             | Â         | Â Vice President | Â     |

## Signatures

/s/Heather L.  
Rosentrater  
Date: 12/02/2015  
\*\*Signature of Reporting Person

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Restricted shares vest 1/3 each year over a 3-year period and are payable in Avista Corp. Common Stock at the end of each year in the 3-year period.
- (2) Each performance share cycle is 3 years in length. Shares are issued at the end of each 3-year cycle if performance measure is met.
- (3) No conversion price. Shares are awarded if performance measure is met.

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.