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HIGGINS WA	ALTER M											
Form 4												
January 04, 20	019											
FORM	4									OMB APPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer							Expires:	January 31 2005				
subject to Section 16 Form 4 or	F CHANGES IN BENEFICIAL OWNERSHI SECURITIES						Estimated average burden hours per response					
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17	(a) of the	Public Ut		ing Com	pany	Act o	ge Act of 1934, if 1935 or Sectio 40	n			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u></u> HIGGINS WALTER M			2. Issuer Name and Ticker or Trading Symbol SOUTH JERSEY INDUSTRIES				-	5. Relationship of Reporting Person(s) to Issuer				
		INC [SJI]					(Check all applicable)					
(M			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019					X_ Director10% Owner Officer (give titleX_ Other (specify below) below) Chairman				
				Amendment, Date Original I(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 				
	J 000 <i>3</i> /							Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) 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)			
So.Jersey Ind., Inc. / Common Stock	01/02/2019			A	4,420 (1)	A	\$ 0	42,419.5373	D			
So.Jersey Ind., Inc. / Common Stock								100	I	Owned by spouse		

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)

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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 Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactie	5. onNumber	6. Date Exer Expiration D	ate	7. Tit Amou	int of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	(Year)	Unde		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Secur		(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
						Date Exercisable	Expiration Date	Title	Amount or Number of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HIGGINS WALTER M 1 SOUTH JERSEY PLAZA FOLSOM, NJ 08037	Х			Chairman			
Signaturas							

Signatures

Walter Higgins01/04/2019**Signature of
Reporting PersonDate

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).
- Represents annual directors Restricted Stock Award issued pursuant to the South Jersey Industries, Inc. 2015 Omnibus Equity
 (1) Compensation Plan. Subject to certain exceptions, the Restricted Stock shall vest and become free of all restrictions on January 1, 2020, provided that the reporting person remains continuously a member of the Issuer's Board of Directors.

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.