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PAYNE SHII Form 4 February 03, 2 FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contri <i>See</i> Instruct 1(b).	2009 4 UNITED Sbox Staten Staten Staten Section 17(MENT O rsuant to (a) of the	Was F CHAN Section 10 Public Ut	hington, GES IN H SECURI 6(a) of the ility Hold	D.C. 205 BENEFIC THES Securitioning Comp	49 C IAL OV es Exchan	COMMISSION VNERSHIP OF ge Act of 1934, of 1935 or Sectio 040	OMB Number: Expires: Estimated burden hou response	urs per	
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to								rson(s) to		
PAYNE SHIRLEY M			Symbol NORTHEAST UTILITIES [NU]				Issuer			
(Last) (First) (Middle) C/O NORTHEAST UTILITIES, 107 SELDEN STREET			3. Date of Earliest Transaction (Month/Day/Year) 01/30/2009				(Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) VP-Accounting and Controller			
BERLIN, CI	Г 06037						Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurities Ac	equired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Executi any		Code		(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares, \$5.00 par value							9,093 <u>(1)</u>	D		
Common Shares, \$5.00 par value							272 <u>(2)</u>	Ι	401K Plan	

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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and A Underlying S (Instr. 3 and 4	Securities	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Shares	<u>(3)</u>	01/30/2009	А	80	(3)	(3)	Common Shares	80	\$ 25.33

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
PAYNE SHIRLEY M							
C/O NORTHEAST UTILITIES			VP-Accounting				
107 SELDEN STREET			and Controller				
BERLIN, CT 06037							
Signatures							
01 1 1							

Shirley M. 02/03/2009 Payne **Signature of

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).
- Includes restricted share units and dividend equivalents thereon. (1)
- Shares held in trust under the Northeast Utilities Service Company 401K Plan, a qualified plan, as of January 30, 2009, according to (2)information supplied by the Plan's recordkeeper.
- (3) Matching contribution of reporting person's deferred compensation in 2008 under the Northeast Utilities Deferred Compensation Plan for Executives, a non-qualified deferred compensation plan, that are nominally invested as Common Shares (hereby referred to as phantom shares). While the average price of the matching contributions was \$25.33, the actual price was determined on the applicable payroll date on which the deferred compensation contribution was made. Each phantom share represents the right to receive the cash value of one

Reporting Person

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share of NU common upon a distribution event, following vesting. Additional phantom shares are issued upon the automatic reinvestment of dividend-equivalents exempt from line item reporting under SEC Rule 16a-11.

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.