Edgar Filing: CMS ENERGY CORP - Form 4

CMS ENER	GY CORP											
Form 4												
March 09, 2	017											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287			
Check this box									Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNE				VERSHIP OF		stimated average urden hours per		
	Section 16.				SECURITIES							
Form 4 o									response	. 0.5		
Form 5 obligatio	-						-	e Act of 1934,				
may con				•	•	· ·	•	1935 or Section				
<i>See</i> Instr 1(b).	ruction	30(h)	of the Ii	nvestment	t Compar	iy Ac	t of 1940	0				
(Print or Type	Responses)											
Butler John M Syn							ng	5. Relationship of Reporting Person(s) to Issuer				
			-	CMS ENERGY CORP [CMS]								
(Leat)	(Einst)	Middle)			L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Check	all applicable)		
				ate of Earliest Transaction			Director 10% Owner					
				Ionth/Day/Year)			Officer (give title Other (specify					
00/01/			0010112	2017				below) below) Senior Vice President				
	(Street)		4 If Am	andmant D	ata Oniaina	1						
							6. Individual or Joint/Group Filing(Check Applicable Line)					
1 neu(m								_X_ Form filed by One Reporting Person				
JACKSON	, MI 49201							Form filed by Mo Person	ore than One Rep	porting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution 1 any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securiti for Dispose (Instr. 3, 4	ed of (D)	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	or (D)	Price	(Instr. 3 and 4)				
Common Stock	03/07/2017			S		D	\$ 44.3572	120,088	D (1)			

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Under Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Butler John M ONE ENERGY PLAZA JACKSON, MI 49201			Senior Vice President					
Signatures								
Melissa M. Gleespen, Attny-In-Fact		03/09/2017						
**Signature of Reporting Person		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).

The total holdings reflect an adjustment of 11 additional shares of Common Stock of CMS Energy Corporation ("CMS") acquired as a result of dividend reinvestment pursuant to the reporting person's participation in the CMS Stock Purchase Plan, and an adjustment of 415

 additional shares of Restricted Stock purchased on behalf of the reporting person as a result of an automatic acquisition of Restricted Stock in lieu of cash dividends pursuant to the terms of the award granted to the reporting person in accordance with the provisions of the CMS Performance Incentive Stock Plan.

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.