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HUNERYAGER	GARY D										
Form 4											
March 03, 2011											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549								MMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31, 2005	
subject to Section 16. Form 4 or				HANGES IN BENEFICIAL OWNERSHIP O SECURITIES					Estimated av burden hours response	/erage	
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	-	a) of the H	Public Ut	ility Hold	e Securities ling Compa Company A	ny Ao	ct of 19	ct of 1934, 35 or Section			
(Print or Type Respon	ses)										
HUNERYAGER GARY D S								Relationship of Reporting Person(s) to suer (Check all applicable)			
(Last) (I	First) (M	(liddle)	3. Date of	Earliest Tr	ansaction			(Check	an applicable)		
(Mo				Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify low) below) VP Internal Audits			
			onth/Day/Year) App				Individual or Joint/Group Filing(Check plicable Line) _ Form filed by One Reporting Person				
OKLAHOMA CI	TY, OK 731	101					Per	Form filed by Mo son	ore than One Rep	orting	
(City) (S	State) ((Zip)	Table	e I - Non-D	erivative Sec	urities	Acquire	ed, Disposed of,	or Beneficially	y Owned	
	ansaction Date hth/Day/Year)	2A. Deem Execution any (Month/D	n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securities J nor Disposed of (Instr. 3, 4 an Amount	of (D)	ed (A) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock-\$.01 par value per share 03/0	1/2011			I	2,640.744		\$ 47.88	427.102 <u>(1)</u>	Ι	Retirement Savings	
Common Stock-\$.01 par value per share								11,301	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. 1 De Se (In
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Equiv Units	<u>(2)</u>	03/01/2011		Ι		1,573.122	(3)	<u>(3)</u>	Com Stk	1,573.122	\$

Reporting Owners

Reporting Owner Name / Addres	SS	Relationships							
	Director	10% Owner	Officer	Other					
HUNERYAGER GARY D									
P.O. BOX 321			VP Internal Audits						
OKLAHOMA CITY, OK 731	01								
Signatures									
Patricia D. Horn 0	3/03/2011								
<u>**</u> 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).

The information herein is based on a Retirement Savings Plan Statement dated March 1, 2011. The Retirement Savings Plan Statement indicated the number of units in the Common Stock Fund of the Retirement Savings Plan credited to the participant's account at March 1,

- (1) 2011 and includes shares credited that were exempt from reporting pursuant to Rule 16A-3(f)(1)(i)(B). The number of shares of common stock owned at March 1, 2011 was determined by dividing the dollar value of such units by the closing sale price of the common stock on March 1, 2011.
- (2) Security converts to common stock on a one-for-one basis.
- (3) The Common Stock Units were accrued under the Deferred Compensation Plan of OGE Energy Corp. and are to be settled 100% in cash at a specified future date or following termination of service.

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.

Reporting Person