## Edgar Filing: CMS ENERGY CORP - Form 4

CMS ENERG	GY CORP												
Form 4													
February 26,	2015												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL				
<b>CONVICE</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287				
Check this box if no longer									Expires:	January 31,			
subject to Section 16.				NGES IN BENEFICIAL OWNERSHIP O SECURITIES					Expires: 2005 Estimated average burden hours per				
Form 4 or									response 0.				
Form 5 obligation	no *						•	e Act of 1934,					
may cont			•		•	· ·		1935 or Section	l				
<i>See</i> Instru 1(b).	action	30(h) of	the Investr	nent C	Compan	y Ac	t of 194	.0					
(Print or Type F	Responses)												
YASINSKY JOHN B Symbo			2. Issuer Nam ymbol CMS ENER(				ıg	5. Relationship of Reporting Person(s) to Issuer					
CMS			INIS EINER	GIU	ORP [C	.ws]		(Check all applicable)					
(Last)	(First) (N		Date of Earli		nsaction			<b>D</b> '	100	0			
ONE ENERGY PLAZA 02/25/ (Street) 4. If Ar			Ionth/Day/Year) 2/25/2015					Director     10% Owner       Officer (give title     Other (specify       below)     below)					
			. If Amendme	If Amendment, Date Original ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check				
			iled(Month/Day						Applicable Line)				
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table I - N	Jon-De	rivative	Secur	ities Aca	uired, Disposed of,	or Beneficial	v Owned			
1 T:41 f	2 T	24 D					-			-			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2. Transaction Date 2A. Deeme Month/Day/Year) Execution I any (Month/Day		Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
Common			Cod		Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock	02/25/2015		S		7,387 (1)	D	\$ 35.61	27,008	D				

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)

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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)	ionNumber Expiration of (Mont		Expiration Date Ar (Month/Day/Year) Ur Se		7. Titl Amou Under Secur (Instr.	ınt of rlying	Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
YASINSKY JOHN B ONE ENERGY PLAZA JACKSON, MI 49201									
Signatures									
Melissa M. Gleespen, Attny-in-Fact		02/26/2015							
<b>**</b> 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 price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$35.610 to \$35.623, inclusive. The reporting person undertakes to provide to CMS Energy Corporation ("CMS"), any security holder of

(1) S55.010 to \$55.025, inclusive. The reporting person undertakes to provide to CMS Energy Corporation (CMS), any security notice of CMS, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote (1) to this Form 4.

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.