Edgar Filing: Rochow Garrick J - Form 4

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Form 4	ICK J											
January 19, 2	018											
FORM	4					TT 4 N				OMB APPROVAL		
	• UNITED	STATES		ITTES A. hington,			IGE (COMMISSION	OMB Number:	3235-0287		
Check this if no long subject to Section 16 Form 4 or	er STATE I 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							burden hou	Expires:January 31 2005Estimated average burden hours per response0.5		
Form 5 obligation may conti <i>See</i> Instru- 1(b).	ility Hold) of the Securities Exchange Act of 1934, y Holding Company Act of 1935 or Section tment Company Act of 1940										
(Print or Type R	esponses)											
Dealease Comials I			2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	CMS ENERGY CORP [CMS]											
()			3. Date of Earliest Transaction (Month/Day/Year) 01/17/2018					Director10% Owner Officer (give titleOther (specify below) Senior Vice President				
				Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
JACKSON,	MI 49201							Form filed by M Person	Nore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	 Execution any 	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8) Code V	on(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	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 Stock	01/17/2018			А	17,396 (1)	А	\$0	82,115	D (2)			

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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							
hepotong o when i when of induities	Director	10% Owner	Officer	Other				
Rochow Garrick J ONE ENERGY PLAZA JACKSON, MI 49201			Senior Vice President					
Signatures								
Rhonda M. Morris, Attny-in-Fact	0	1/19/2018						
<u>**</u> 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).
- (1) Restricted Stock granted by CMS Energy Corporation ("CMS") pursuant to CMS' Performance Incentive Stock Plan and subject to a three-year "cliff" vesting schedule.

The total holdings reflect an adjustment of 40 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 372

(2) 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.