FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | en | | | | |
| hours per response: | 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | . , | | | | | | | | | | | | |
|---|---|--|--------|--------------------------|--------|---|---|------|---|---|------------------------|--|----------------|---|---|---|---|--|--|
| 1. Name ar | | 2. Issuer Name and Ticker or Trading Symbol AVISTA CORP [AVA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| NOEL MICHAEL L | | | | | | | | | | | | | | X Dire | ctor | 10% Owr | | | |
| (Last) 1411 E M | Last) (First) (Middle) 411 E MISSION AVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/06/2007 | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| | | | | | 4 1 | f Amen | dment | Date | of Ori | iginal Fi | iled (Month/D | av/Year | <u>, l</u> , | 5. Individual o | or Joint/C | Group Fil | ing (Ch | eck A | nnlicable |
| (Street) | | | | | - | . , | idirioni, | Duit | 01 011 | giriari | iica (Montine | ayr rear | | _ine) | 7 001110 | Stoup i ii | ing (On | 201(71 | ppiioabic |
| SPOKAN | NE W | A ! | 99202 |) | | | | | | | | | | X Forr | n filed b | y One Re | eporting | Perso | on |
| | | | | | - | | | | | | | | | Forr Pers | | y More th | nan One | Repo | orting |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - | Non-Deriv | /ative | Sec | uritie | s A | cquii | red, D | isposed o | of, or I | Benefic | ially Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) | | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transactio (Instr. 3 an | | | | (Instr | r. 4) |
| Common Stock 09/06 | | | | | 007 |)7 | | | P | | 174 ⁽¹⁾ | A | \$19.08 | 9,84 | 10 1 | | by Corporation ⁽²⁾ | | |
| Common Stock held in Spouse's IRA Rollover Account | | | | | | | | | | | | | | 230 | | I | | by Trustee | |
| | | Ta | able I | II - Derivat (e.g., p | | | | | | | posed of, convertib | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) | | | | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exe Expiration (Month/Day | | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Num derivat Securii Benefii Owned Follow Report Transa (Instr. 4 | tive ties cially I ing ed action(s) | 10. Owner Form: Direct or Indi (I) (Insi | n: ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | l _v | (A) | (D) | Date | e rcisable | Expiration Date | Title | of Shares | | | | | | |

Explanation of Responses:

- 1. Shares purchased reflects additional retainer paid to Non-Employee Directors for the year 2007.
- 2. Shares held by Noel Consulting Company, Inc.

<u>/s/ Michael L. Noel</u> <u>09/07/2007</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.