FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burd | len | | | | | | | | |
| l | 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 and DURKII | | 2. Issuer Name and Ticker or Trading Symbol AVISTA CORP [AVA] | | | | | | | | | elationship o ck all applic Directo | , | | on(s) to Issu 10% Ow | | | | | |
|--|---|---|--|---|-------|--|--|--------|---|----------------------------|--|--|----------------|--|--|---|---|--|---------------------------------------|
| (Last) 1411 E. M | (Firs | st) (N /ENUE (MSC-1 | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2018 | | | | | | | | | | Officer (give title below) Senior Vio | | Other (s below) esident | specify | | |
| (Street) SPOKANE WA 99202 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | e I - No | n-Deriv | ative | Seci | uriti | es Acc | uired, | Dis | posed o | f, or B | ene | ficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Exe r) if a | A. Deemed execution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Beneficia Owned F | es Formalially (D) Following (I) | | : Direct I r Indirect E str. 4) (| 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or 1 | Price | Reported Transact (Instr. 3 a | ion(s) | | (| Instr. 4) |
| Common S | tock-Perfo | rmance Shares | 2018 | | | | M | | 9,695 | A | | (1) | 86, | ,308 | | D | | | |
| Common S | tock-Perfo | rmance Shares | | 01/11 | /2018 | | | | F | | 2,647 | 2) D | | \$51.62 | 83, | ,661 D | | | |
| | | Ta | | | | | | | | | osed of, convertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Executio if any (Month/E | n Date, | | Transaction Code (Instr. | | of | | Exerci on Dai Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e los s li lly l | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | sable | Expiration Date | Title | or Ni of | umber | | | | | |
| Conversion of 2015 Performance | (1) | 01/11/2018 | | | М | | | 6,595 | (1) | | (1) | Commo Stock | n 6 | 5,595 | (1) | 0 | | D | |

Explanation of Responses:

- 1. Each performance share represents a contingent right to receive a share of Avista Common Stock upon achieving a specified performance measure.
- 2. Shares withheld to pay income tax on Performance Shares acquired 1/11/18.

<u>/s/Marian M. Durkin</u>

01/12/2018

** 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.