FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burd | en | | | | | | | | |
| 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 Address of Reporting Person* STANLEY HEIDI B | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVISTA CORP [AVA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|------------------|------------------------|-------|---|--|---------|------------------|-----------------------|------------------------------------|---|--|---|---|---|---|---|--|
| SIAINL | | | | | _ | - | | | | X | Direc | ctor | 10% | Owner | | | | | |
| (Last) (First) (Middle) 1411 E MISSION AVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2014 | | | | | | | | | Offic below | er (give title w) | | Other (specify below) | |
| , | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | | | | | | | | | | Line) | , | | | | |
| SPOKANE WA 99220-37 | | | 727 | | | | | | | | | | 21 | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or E | Benefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | | | | | red (A) or str. 3, 4 a | and 5) Secui Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | (A) (D) | Price | 9 | Transaction(s) (Instr. 3 and 4) | | | (111341. 4) | | | | | |
| Common Stock 05/14/20 | | | | | | |)14 | | A ⁽¹⁾ | | 1,502(2) | A | \$31 | .94(1) | 13,704 | | D | | |
| Common Stock held in spouse's Profit Sharing Account | | | | | | | | | | | | | | | 10,248 | I | held by Trustee | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | vned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution if any | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | of | | Exercion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Seci (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date | ahla | Expiration | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Shares issued under the Long Term Incentive Plan as an award of stock for Director Compensation. The price per share is the closing price on May 13, 2014.
- 2. Shares issued as part of Ms. Stanley's annual Director retainer.

/s/Heidi B. Stanley

** Signature of Reporting Person Date

05/15/2014

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.