B-Smith

	1										7		1				
FORM																	
4			UNIT	ED STAT	TES SECURITII	ES AND EX	ксн.	ANGE COMM	noissin	J							
			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APP	ROVAL	
	Check this box if no longer														OMB Number: 3235-0287		
	subject to Section 16. Form 4														Expires: Jar 31, 2005	nuary	
	I OIIII 4		STATEMENT OF												31, 2003		
	or Form 5 obligations may continue.		CHANGES IN BENEFICIAL OWNERSHIP												Estimated a	verage	
	See instruction		OWILERSHIT												hours per response.		
	1(b).		Filed pursuant to								1				0.5		
			Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility														
			Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940														
(Print or Type Responses)																	
1. Name and Address of					2. Issuer Name and Ticker or Trading						6. Relati of Repor	ting n(s) to					
Reporting Person*					Symbol						Issuer			(Check all applicable)			
						Avista (Corp	oration (AVA	<u> </u>				Director			10% Owner	
Burmeister- Smith		Christy		M.					-/			x	Officer (give			Other (specify	
	(Last)	(First)	(Middle)		3. I.R.S. Identification			4. Statement fo	or				title below)			below)	
					Number of Reporting			Month/Day/Ye	ear								
1411 E. Mission					Person, if an entity								Vice President &				
Avenue		(Street)			(Voluntary)			Novem	ber 7.	2002	1		Controller				
								5. If Amendment, Date			Line)	Group k licable					
								of Original (Month/Year)			filed b Repor Persor	n					
C1		W/4		00202							filed b More One Repor	than					
Spokane	(City)	WA (State)		99202 (Zip)							Person	n					
	(5.7)			~ 'P)		Table	e I - 1	Non-Derivativ	e Securi	ties Acquire	l, Dispo	sed of	, or Beneficial	ly Owned			
Title of Security					2. Trans-	3. Trans-		4. Securities Acquired (A)			5. Am	nount		6. Ownership	7. Nature		
(Instr. 3)					action	action		or Disposed of (D)			Secur	ities		Form:	Beneficial		
					Date	Code		(Instr. 3, 4 and 5)			Benef				Ownership		
					(Month/	(Instr. 8)					Owne End o			or Indirect (I)	(Instr. 4)		

											Month					
		i			Ī						(Instr. 3 and					
				Day/	L				(A) or	D:	4)		(Instr. 4)			
				Year)	L	Code	V	Amount	(D)	Price						
Common Stock (401(k)																
Investment Plan												142		D. T		
Shares)					H						4,.	343	I	By Trustee		
					H		\vdash									
					r											
					Г											
							\vdash				1					
Reminder: Report					H						1					
on a separate line for each class of securities beneficially owned directly or indirectly.															(Over)	
*If the form is filed by more than															(0.01)	
one reporting person, see Instruction 4(b)															SEC 1474	
(v).					L						<u> </u>	14			(9-02)	
					L		Ŀ				e to respo					
		_			L			formation								\vdash
					L		un	less the fo	orm ai	spiays a c	urrently v	alid OMB	control	number.		
					L		\vdash									\vdash
					H						1					
					L						1					
					H						1					
					L		\vdash				1					
					H											
					H		\vdash				1					
					H		\vdash				1					
					H		\vdash									
					H		\vdash				1					
					r						†					
FORM 4			'		-											
(continued)			Tab					red, Disposed o			ned					
				(e.g., pu	ts,	calls, warra	nts, c	options, conver	tible seci	ırıtıes)						
					_											
					Г											
1. Title of					T	5.	П									
Derivative Security		2. Conver-	3. Trans-	4. Trans-		Number of Deriv-		6. Date Exer-		7. Title and Amount of		8. Price	9. Number	10. Owner-		11. Nature
(Instr. 3)		sion or	action	action		ative Securities Ac-		cisable and		Underlying Securities		of	of Deriv-	ship		of
		Exercise	Date	Code		quired (A) or Dis-		Expiration		(Instr. 3 and 4)		Deriv-	ative	Form of		Indirect
		Price of		(Instr. 8)		posed of (D)		Date				ative	Secur-	Deriv-		Benefi-
		Deri-	(Month/			(Instr. 3, 4, and 5)		(Month/Day/				Secur-	ities	ative		cial
		Vative Security	Day/ Year)		H		\vdash	Year)				ity (Instr.	Bene- ficially	Security: Direct		Owner- ship
		Becurity	redi)		H		H					5)	Owned	(D) or		(Instr.4)
					۲		Н					-/	at End	Indirect		
		i			T		П						of Month	(I)		
		i			Ī			Date	Expira-	Title	Amount or		(Instr. 4)	(Instr. 4)		
		İ			Ī		П	Exer-	tion		Number of					
				Code	V	(A)	(D)	cisable	Date		Shares					
Employee Stock		610.15	11-07-		r	0.000		*	11-07-	Carri Cil	0.000		AE CO.			
Options		\$10.17	02	A	H	9,000	\vdash	*	12	Com. Stk.	9,000		45,600	D		
					۲		H									\vdash
					i		Н				İ					
											1					

	ш	п	11	 п			 	1		1 1		1	11		
					Щ				Н						
					H				H						
					H				H						
					H				H						
					H				H						
Explanation of					Ħ				H						
Responses:															
	The options vest in four equal annual installments beginning on the first anniversary of the grant														
*	dates.				H				Н						
					H				H						
					H				H						
		<u> </u>			H				H					Decem	her 09
														20	02
**	Intentional misstatements or omissions of facts constitute Federal Criminal Violations.							**Sig	gna	ture of Report	ing Person			Da	nte
	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.															
Potential persons who are to respond to the collection of information contained in this form are not															Page
required to respond unless the form displays a currently valid OMB Number.															
l				II					П				II		

Last Updated on 12-10-2002 By Avista Corp Employee