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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | | | | | | |
|--------------|---------|----|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | 28 | | | | | | | | | | |
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| Estimated average burde | en |
| hours per response: | 0.5 |
| | |

| 1. Name and Adda Christie Key | | g Person [*] | | 2. Issuer Name and Ticker or Trading Symbol <u>AVISTA CORP</u> [AVA] | | | | tionship of Reportin all applicable) Director Officer (give title | 10% C | | |
|----------------------------------|--|-----------------------|----------------|--|-------------------|------------------------------|------------------------|--|------------------|-----------|--|
| (Last) 1411 E MISSI | (First) ON AVE | (Middle) | | ate of Earliest Trans | saction (Month | /Day/Year) | X |) | | | |
| (Street) SPOKANE | WA | 99202 | 4. If <i>i</i> | Amendment, Date c | of Original File | d (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Form filed by One Form filed by Moi | e Reporting Pers | son | |
| (City) | (State) | (Zip) | | | | | | Person | e than one rrep | orung | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1. Title of Securit | y (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. Transaction | 4. Securities Acquired (A) o | | 5. Amount of | 6. Ownership | 7. Nature | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|----------------------------------|--|---|------------------------------|---|--|---|-----------|---|---|--------------------|
| | | | Code | v | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 05/11/2016 | | S | | 333 | D | \$41.0001 | 3,263 | D | |
| Common Stock held in 401(k) Plan | | | | | | | | 2,434.3884 | Ι | held by Trustee |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) courities cquired) or sposed (D) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of Derivative es Security ng (Instr. 5) /e | e derivative | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--|--|--------------------|---|--|---|--------------|--------------------|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

/s/Kevin J. Christie

05/11/2016 on Date

** Signature of Reporting Person

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.