| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| | ROVAL | | | | | | | | | |
|---|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | | |
| Estimated average bu | rden | | | | | | | | | |
| OMB Number: 3235-028 Estimated average burden hours per response: 0 | | | | | | | | | | |

| 1. Name and Address of Reporting Per | son* | 2. Issuer Name and Ticker or Trading Symbol AVISTA CORP [AVA] | | tionship of Reporting Pers | on(s) to Issuer | | |
|--------------------------------------|----------|--|-------------------|---|-----------------------|--|--|
| EIGUREN ROY LEWIS | | | X | Director | 10% Owner | | |
| (Last) (First) 1411 E MISSION AVE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/06/2007 | 1 | Officer (give title below) | Other (specify below) | | |
| , | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicab | | | |
| (Street) SPOKANE WA | 99202 | | X | Form filed by One Repo Form filed by More than Person | | | |
| (City) (State) | (Zip) | | | FEISUI | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 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) | | 5. Amount of Securities Beneficially Owned Following Reported | 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) | | (1130.4) |
| Common Stock | 09/06/2007 | | Р | | 174 ⁽¹⁾ | A | \$19.08 | 8,352 | D | |
| Common Stock held in Jt Ten w/Spouse | | | | | | | | 830 | Ι | held in street name by Broker |

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

| | | | (571 | | | | | • | | | | | | | |
|---|---|--|---|------------------------------|---|--|--|--|--------------------|--|--|---|--|--|---------------------------------------|
| 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) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | vative rities ired r osed) . 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title Amoun Securi Under Deriva Securi and 4) | nt of ties lying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares purchased reflects additional retainer paid to Non-Employee Directors for the year 2007.

/s/ Roy L. Eiguren

** Signature of Reporting Person

09/07/2007

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.