Edgar Filing: FIRST INTERSTATE BANCSYSTEM INC - Form 4

| FIRST INTE Form 4 May 23, 2012 | RSTATE BANCS | SYSTEM INC | | | | | | | | | |
|---|---|--|-------------------------------------|-------------------|--------|------------|--|---|------------------------|--|--|
| FORM | 4 | | | | | | | - | PPROVAL | | |
| Washington, D.C. | | | | | | | OMB Number: | 3235-0287 | | | |
| Check thi if no long | or. | | | | | | | Expires: | January 31, 2005 | | |
| subject to | subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | NERSHIP OF | Estimated a burden hou | average Irs per | | | |
| Form 5 | | uant to Section | 16(a) of th | e Securit | ies E | xchang | re Act of 1934 | response | 0.5 | | |
| obligation may conti <i>See</i> Instru 1(b). | s Section 17(a | | Utility Hold | ling Con | ipany | Act o | f 1935 or Section | n | | | |
| (Print or Type R | lesponses) | | | | | | | | | | |
| Jahnke David L Symbol FIRST | | | ner Name and FINTERST CSYSTEM | TATE | | ıg | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (First) (M | | of Earliest Tr /Day/Year) | ansaction | | | X Director Officer (give below) | | o Owner er (specify | | |
| P.O. BOX 30918 05/23/20 | | | 2012 | | | | below) | Delow) | | | |
| (Street) 4. If Amer | | | nendment, Da | te Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| Filed(Mon BILLINGS, MT 59116 | | | | onth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) (| Zip) Te | hla I Nam F | | C | 4 | | n Donoficial | ller Oerree d | | |
| | | 12 | | | | | quired, Disposed of | | • | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | Code | on(A) or D (D) | ispose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| C1 A | | | Code V | Amount | (D) | Price | (mou. 5 and 4) | | | | |
| Class A Common Stock (1) | 05/23/2012 | | А | 1,599 | А | \$ 13.6 | 6,347 | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 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. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | |
|---|----------|-----------|---------|-------|--|--|
| 1 | Director | 10% Owner | Officer | Other | | |
| Jahnke David L | | | | | | |
| P.O. BOX 30918 | Х | | | | | |
| BILLINGS, MT 59116 | | | | | | |
| Signatures | | | | | | |
| /s/TERRILL R MOORE Attorney-in-Fact for Reporting | | | | | | |

| /s/ TERRILL R. MOORE, Attorney-in-Fact for Reporting | 05/23/2012 |
|--|------------|
| Person | 03/23/2012 |
| | |

**Signature of Reporting Person

Explanation of Responses:

* 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).

(1) Issued in lieu of cash payment for annual Board of Director retainer fee.

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 required to respond unless the form displays a currently valid OMB number.

Date