## Edgar Filing: TECO ENERGY INC - Form 4

| Form 4   |                                      |                                   |   |   |      |                    |                  |   |   |   |           |  |  |
|--|--------------------------------------|-----------------------------------|---|---|------|--------------------|------------------|---|---|---|-----------|--|--|
| <b>FORM</b>  | ĪЛ                                   | CT A TE                           | SECUD   | TTIES   |      |                    | <b>TT A T</b>    |   | COMMISSION  |   | PPROVAL   |  |  |
|  | UNITED                               | SIALE                             |   |   |      | ND EAC<br>D.C. 205 |                  | NGE   | 2019119115510IN   | OMB<br>Number:  | 3235-0287 |  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |                                      |                                   |   |   |      | BENEFI<br>ITIES    | NERSHIP OF       | Expires: January 3<br>20<br>Estimated average<br>burden hours per<br>response |   |   |           |  |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b).           | ns Section 17                        | (a) of the                        |   | ility H   | old  | ing Com            | pany             | Act o   | ge Act of 1934,<br>f 1935 or Sectio<br>40   | n   |           |  |  |
| (Print or Type F   | Responses)                           |                                   |   |   |      |                    |                  |   |   |   |           |  |  |
|  |                                      |                                   | Symbol  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>TECO ENERGY INC [TE] |      |                    |                  |   |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |           |  |  |
| (Last)   | (First)                              | (Middle)                          | 3. Date of Earliest Transaction (Chec   |   |      |                    |                  |   |   |   |           |  |  |
|  |                                      |                                   | (Month/D<br>11/20/20  | -   | )    |                    |                  |   | X_ Director10% Owner<br>Officer (give title Other (specify<br>below) below)   |   |           |  |  |
|  | (Street)                             | (Street) 4. If Amer<br>Filed(Mont |   |   |      | e Original         |                  |   | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |   |           |  |  |
| TAMPA, FI  | 2 33601-0111                         |                                   |   |   |      |                    |                  |   | Form filed by M<br>Person   | Iore than One R   | eporting  |  |  |
| (City)   | (State)                              | (Zip)                             | Table   | e I - Noi   | n-De | erivative S        | ecuri            | ties Ac   | quired, Disposed of   | , or Beneficia  | lly Owned |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                     | 2. Transaction Da<br>(Month/Day/Year | emed<br>on Date, if<br>/Day/Year) | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) |   |      |                    | ))               | Securities<br>Beneficially<br>Owned<br>Following                              | 5. Ownership<br>Form: Direct<br>D) or<br>Indirect (I)<br>Instr. 4)  |   |           |  |  |
|  |                                      |                                   |   | Code  | V    | Amount             | (A)<br>or<br>(D) | Price   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |   |           |  |  |
| Common<br>Stock  | 11/20/2015                           |                                   |   | G   | V    | 8,000              | D                | \$0   | 367,907   | D   |           |  |  |
| Common<br>Stock  | 12/01/2015                           |                                   |   | G   | V    | 6,000              | D                | \$0   | 361,907   | 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.

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

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Unde<br>Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|---------------|--|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title         | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |  |
| HUDSON SHERRILL W<br>C/O TECO ENERGY, INC.<br>P. O. BOX 111<br>TAMPA, FL 33601-0111 | Х             |           |         |       |  |  |  |  |
| Signatures  |               |           |         |       |  |  |  |  |
| David E. Schwartz, by Power of Attorney   | 12/04/2015    |           |         |       |  |  |  |  |
| **Signature of Reporting Person   |               | Da        | ate     |       |  |  |  |  |
| 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).

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.