

FORSGREN JOHN H
Form 4
March 11, 2003

OMB APPROVAL

☐

Check this box if no longer
subject
to Section 16. Form 4 or Form 5
obligations may continue.

See Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND
EXCHANGE COMMISSION
Washington, D.C. 20549

**STATEMENT OF
CHANGES IN
BENEFICIAL
OWNERSHIP**

Filed pursuant to 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(h)
of the Investment Company
Act of 1940

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average
burden
hours per response. . .0.5

1. Name and Address of Reporting Person* Forsgren, John H. (Last) (First) (Middle)			2. Issuer Name and Ticker or Trading Symbol NORTHEAST UTILITIES (NU)		6. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director* <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Vice Chairman, Executive Vice President and Chief Financial Officer *Trustee		
c/o Northeast Utilities 107 Selden Street (Street)			3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)		4. Statement for Month/Day/Year 3/7/2003		
Berlin, CT 06037			5. If Amendment, Date of Original (Month/Day/Year)		7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person (City) (State) (Zip)		
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. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)	5. Amount of Securities Beneficially Owned Following Reported Transactions(s) (Instr. 3 & 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4) Code

[illegible]

Common Shares, \$5 par
value

3/7/2003

A

5,810 shs
See Note 3

A

\$14.20

42,669 shs

D

--	--	--	--	--	--	--	--

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).

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

FORM 4 (continued) 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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 & 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Name of Indirect Beneficial Owner (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Options to Purchase														234,319	D	

Explanation of Responses:

Note 1. Shares held in trust under the Northeast Utilities Service Company 401k Plan, a qualified plan, as of March 7, 2003, according to information supplied by the plan's recordkeeper.

Note 2. Shares receipt of which has been deferred pursuant to the Northeast Utilities Deferred Compensation Plan for Executives, as of March 7, 2003, according to information supplied by the plan's recordkeeper.

Note 3. Grant of restricted shares, vesting one-third on each of 3/7/2004, 3/7/2005, and 3/7/2006.

Edgar Filing: FORSGREN JOHN H - Form 4

/s/ **John H. Forsgren**

**Signature of Reporting Person

March 10, 2003

Date

**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.