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| Del Vecchio | Mark A | | | | | | | | | | |
|--|-------------------------|-------------|--------------------------|--|---|-------|--|---|------------------|------------|--|
| Form 4 February 17, | 2009 | | | | | | | | | | |
| FORM | ГЛ | | | | | | | | OMB A | PPROVAL | |
| | UNITE | D STATES | | LITIES A | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check the if no long | | 0 | | | | | Expires: | January 31, 2005 | | | |
| subject to STATEMENTO Section 16. Form 4 or | | | | SECUR | Estimated average burden hours per response 0.8 | | | | | | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | ^{1s} Section 1 | 7(a) of the | Public Ut | | ling Con | npan | y Act of | e Act of 1934, E 1935 or Section 40 | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Del Vecchio Mark A Symbo | | | | suer Name and Ticker or Trading ol J RESOURCES GROUP INC | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | [MDU] | | | | | (Chec. | k all applicable | <i>;</i>) | |
| (Mo | | | | Date of Earliest Transaction Month/Day/Year) 2/12/2009 | | | | Director 10% Owner X Officer (give title Other (specify below) below) VP - Human Resources | | | |
| INC., P. O. | BOX 5650 | | | | | | | VI - 11 | uman Resourc | 65 | |
| DIGMADO | (Street) | | | ndment, Da hth/Day/Year | - | 1 | | 6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M | Dne Reporting Pe | erson | |
| BISMARCH | K, ND 58506-5 | 0650 | | | | | | Person | | 1 0 | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, in any (Month/Day/Year) | | n Date, if | Code (Instr. 3, 4 and 5) | | | | OwnedIndirect (I)Following(Instr. 4)ReportedTransaction(s) | | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 02/12/2009 | | | А | 1,154 | А | \$0 | 2,932 | D | | |
| Common Stock | 02/12/2009 | | | F | 422 | D | \$ 18.61 | 2,510 | D | | |
| Common Stock - (401-k) | | | | | | | | 2,842.561 | Ι | By Trustee | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Title a Amount Underly Securitie (Instr. 3 | t of ring es | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|---|--------------------|---|--|
| | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title N of | lumber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|----------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Del Vecchio Mark A MDU RESOURCES GROUP, INC. P. O. BOX 5650 BISMARCK, ND 58506-5650 | | | VP - Human Resources | | | | |
| Signatures | | | | | | | |

Signatures

Mark A. Del 02/16/2009 Vecchio

**Signature of Reporting Person Date

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.