Edgar Filing: SPRINGER STEPHEN R - Form 4

	STEPHEN R									
Form 4 March 09, 2	012									
								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check th if no lor subject to Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b).	ager STATEN 16. or Filed put ^{Dns} Section 176	rsuant to S (a) of the I	F CHAN Section	NGES IN SECUI 16(a) of th Jtility Hol	BENEF RITIES ne Securi lding Cor	ICIAL O	WNERSHIP OF inge Act of 1934, t of 1935 or Secti 1940	Estimated burden hou response	irs per	
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> SPRINGER STEPHEN R			2. Issuer Name and Ticker or Trading Symbol ATMOS ENERGY CORP [ATO]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 5430 LBJ FREEWAY, 1800 III LINCOLN CENTRE			3. Date of Earliest Transaction(Month/Day/Year)03/09/2012			X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			ıl	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
DALLAS,	IX /5240						Person		1 0	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Damin dam Da	nont on a compute lin	a far aaab al	oss of soo	unities hand	ficially are	nad dinastly.	on indinostly.			
Keminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Perso inform requir	ns who re nation con red to resp nys a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	GEC 1474 (9-02)	

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year) (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr.					
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	03/09/2012	А	3,000		(2)	(2)	Common Stock	3,000	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SPRINGER STEPHEN R 5430 LBJ FREEWAY 1800 III LINCOLN CENTRE DALLAS, TX 75240	Х						
Signatures							
/s/Dwala Kuhn by POA	3/09/2012	,					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Each unit of phantom stock is equivalent to one share of the Company's common stock.
- (2) The phantom stock units were granted under the 1998 Long-Term Incentive Plan and are to be settled upon the reporting person's termination of service on the Company's Board.
- (3) Includes 687.06 phantom stock units resulting from a dividend reinvestment feature of the Plan which units were allocated to reporting person's account since March 11, 2011.

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.

**Signature of Reporting

Person