SCANA CORP Form 4 August 23, 2005

### FORM 4

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

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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

(Print or Type Responses)

**RESTON, VA 20190-**

(City)

1. Title of

Security

(Instr. 3)

1(b).

(Last)

1. Name and Address of Reporting Person \* MILLER LYNNE M

(First)

(Zip)

2. Transaction Date 2A. Deemed

(Middle)

2. Issuer Name and Ticker or Trading Symbol

SCANA CORP [SCG]

3. Date of Earliest Transaction (Month/Day/Year)

08/22/2005

**OUANTA ENVIRONMENTAL** CLAIMS CONSULTING, 11911 FREEDOM DRIVE, SUITE 900

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

> Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Following Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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)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)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if TransactionDerivative Conversion

5. Number of

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of 8. Pr **Underlying Securities** 

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

(Check all applicable)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

(D) or Indirect Beneficial

Issuer

below)

X\_ Director

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

Officer (give title

Estimated average

burden hours per

1

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)		Secu (Inst
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit	\$ 0 (1)	08/22/2005		A	72.98	(2)	(2)	Common Stock - No Par Value	72.98	\$ 4
Phantom Stock Unit	\$ 0 (1)	08/22/2005		A	72.99	(2)	(2)	Common Stock - No Par Value	72.99	\$ 4
Phantom Stock Unit	\$ 0 (1)	08/22/2005		A	14.6	(2)	(2)	Common Stock - No Par Value	14.6	\$ 4
Phantom Stock Unit	\$ 0 (1)	08/22/2005		A	72.98	(2)	(2)	Common Stock - No Par Value	72.98	\$ 4
Phantom Stock Unit	\$ 0 (1)	08/22/2005		A	72.98	(2)	(2)	Common Stock - No Par Value	72.98	\$ 4
Phantom Stock Unit	\$ 0 (1)	08/22/2005		A	158.13	<u>(2)</u>	<u>(2)</u>	Common Stock - No Par Value	158.13	\$ 4

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MILLER LYNNE M QUANTA ENVIRONMENTAL CLAIMS CONSULTING 11911 FREEDOM DRIVE, SUITE 900 RESTON, VA 20190-	X					

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### **Signatures**

By: Lynn M. Williams - 08/23/2005 Attorney-In-Fact

\*\*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).
- **(1)** 1 for 1
- (2) The units are to be settled upon the reporting person's retirement.

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.

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