## Edgar Filing: FIRST INTERSTATE BANCSYSTEM INC - Form 4

FIRST INTE Form 4 October 03, 2	ERSTATE BANCS 2006	SYSTEM INC								
FORM	IA							OMB AF	PROVAL	
	UNITEDS	CURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549				OMMISSION	OMB Number:	3235-0287		
Check the if no long	or	-						Expires:	January 31, 2005	
subject to Section 1	5 SIAIEM	ENT OF CHA	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated a burden hour	verage	
Form 4 o		~ .		~ .				response	0.5	
Form 5 obligations may continue. See Instruction 1(b). 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 H	Responses)									
1. Name and A GUENTHN	ddress of Reporting F ER KEVIN	Symbol FIRS	2. Issuer Name <b>and</b> Ticker or Trading Symbol FIRST INTERSTATE BANCSYSTEM INC [N/A]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	liddle) 3. Date	of Earliest Tr	ansaction			Director		Owner	
			(Month/Day/Year) 09/29/2006				X Officer (give title Other (specify below) SVP & Chief Infor. Officer			
(Street) 2			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
	led(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
BILLINGS,	MT 59116-0918						_X_ Form filed by C Form filed by M Person			
(City)	(State) (	Zip) Ta	ble 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	3. Transactic Code ) (Instr. 8)	4. Securi	ties A spose	cquired d 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	
Common Stock	09/29/2006		Р	150	A	\$ 77.25	2,190	Ι	401K Plan	

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.

 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)	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) rivative curities quired o or sposed (D) str. 3,		7. Tit Amou Unde: Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GUENTHNER KEVIN P.O. BOX 30918 BILLINGS, MT 59116-0918			SVP & Chief Infor. Officer					
Signatures								
/s/: Terrill R. Moore, Attorney- Person	09/29/2006							
**Signature of Report	ing 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.