FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|-----------|

| ı | UIVIB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* SCHENK LYNN | | | | 2. Issuer Name and Ticker or Trading Symbol SEMPRA ENERGY [SRE] | | | | | | (Che | elationship o eck all applic Director | , | | | | | |
|--|--------------|------------|---|--|---|-----------------|--|--|--------|---|---|---|--|--|--|---------------------------------------|--|
| (Last) 488 8TH | (F AVENUE | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2015 | | | | | | | Officer below) | (give title | | Other (sp below) | pecify | |
| (Street) SAN DIE | | | 92101 (Zip) | 4. | . If Ame | endment, [| Date of | Original F | led (N | Month/Da | ıy/Year) | Line | Form fi | ed by One I led by More | Reporti | ng Person | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Code (In | Transaction Disposed Of (D) (Instr. Code (Instr. | | | 5. Amoun Securities Beneficia Owned Fo | s lly ollowing (| 6. Owne Form: D (D) or In (I) (Instr | Direct Ir ndirect B r. 4) C | . Nature of ndirect eneficial ownership nstr. 4) | | | |
| | | | | | | | Code | v | Amount | mount (A) or (D) | | Transacti (Instr. 3 a | tion(s) | | " | 11501. 4) | |
| 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 Date (Month/Day/Year Derivative Security | | | 3A. Deemed Execution Date, if any (Month/Day/Yea | n Date, Transactio Code (Inst | | on Derivative I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | y D o (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | opiration ate | Title | Amount or Number of Shares | | (Instr. 4) | ii(ə) | | |
| Phantom Shares ⁽¹⁾ | (2) | 10/01/2015 | | A | | 129.668 | | (3) | | (4) | Common Stock | 129.668 | \$96.4 | 11,661.11 | 19 | D | |

Explanation of Responses:

- 1. Phantom shares of Sempra Energy Common Stock acquired as director compensation.
- 2. Conversion of Derivative Security is 1 for 1.
- $\ensuremath{\mathsf{3}}.$ Date exercisable is immediate for shares that have vested.
- ${\bf 4.} \ Expiration \ date \ is \ Not \ Applicable.$

Remarks:

LYNN A. SCHENK BY: James
M. Spira, Chief Corporate
Counsel of Sempra Energy and
Attorney-In-Fact

10/02/2015

** Signature of Reporting Person

Date

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).
- ** 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.