PNM RESOURCES INC Form 3 May 15, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF 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)

1. Name and Addre Person <u>*</u> MULLARKI		c	2. Date of Event Requiring Statement (Month/Day/Year)		er Name and Ticker or Trading Symbol RESOURCES INC [PNM]						
	First)	(Middle)	05/15/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
	treet)	IVE		(Check a X_ Director Officer (give title below	all applicable) 10% (Other) (specify belo		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (S	tate)	(Zip)	Table I - N	Non-Derivati	ve Securiti	es Bei	neficially Owned				
1.Title of Security (Instr. 4)			2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•				
Common Stock			0		D	Â					
Reminder: Report o owned directly or in	-	te line for ea	ch class of securities benefic	ially SI	EC 1473 (7-02))					
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security: Security Direct (D) or Indirect		

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other MULLARKEY MAUREEN T ÂΧ Â Â Â 925 DARTMOUTH DRIVE **RENO, NVÂ 89509** Signatures Jim S. Acosta, POA for Maureen T. 05/15/2014 Mullarkey **Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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.