(City)

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 1(b).

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWR APPRC	IVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5

Instruction 1(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act o	of 1934	<u> </u>	•
			or Section 30(h) of the Investment Company Act of 1940			
1. Name and Addi SCHOENB	1 0		2. Issuer Name and Ticker or Trading Symbol <u>UNITIL CORP</u> [UTL]		ationship of Reporting P (all applicable) Director	erson(s) to Issuer 10% Owner
1. Name and Addr SCHOENBI (Last) 6 LIBERTY L4 (Street)	(First) (Middle) RTY LANE WEST		3. Date of Earliest Transaction (Month/Day/Year) 02/16/2009	X	Officer (give title below) Chairman ar	Other (specify below) nd CEO
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fil	ing (Check Applicable
HAMPTON	NH	03842		X	Form filed by One Re	eporting Person
,			—		Form filed by More th Person	nan One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

······································										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common stock, no par value	02/16/2009		A		9,330	A	\$0 ⁽¹⁾	0	D	
Common stock, no par value	02/16/2009		J ⁽²⁾		1,250	A	\$20.49	46,241.826	D	
Common stock, no par value								3,780.5	I	Held in trust ⁽³⁾

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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of Expiration Date A Derivative (Month/Day/Year) S Acquired A) or S Disposed A		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) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Shares were granted pursuant to the Unitil Corporation Restricted Stock Plan. Shares will vest 25% per year over four years from date of grant. Shares will be valued at current market price on date of vesting.

2. Shares granted pursuant to the Unitil Corporation Restricted Stock Plan on February 16, 2006. Shares represent 25% of total grant and vested on February 16, 2009. The terms of the Unitil Corporation Restricted Stock Plan specify valuation at the time of vesting. Vested shares are unrestricted and fully transferable by owner.

3. Shares are held in trust under the terms of the Unitil Corporation Tax Deferred Savings and Investment Plan.

/s/ Robert <u>G. Schoenberger</u>

** Signature of Reporting Person

02/17/2009

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.