FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	205/10
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

Instruction 1(b)

Form 3	Holdings Repo	rted.		OWNERSHIP										hours per response: 1.0			
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac								
1. Name and Address of Reporting Person* <u>ADAMS WILLIAM DREA</u>				2. Issuer Name and Ticker or Trading Symbol UNITIL CORP [UTL]						5. Relationship of R (Check all applicabl X Director			Ü	10%	Owner		
(Last) (First) (Middle) UNITIL CORPORATION 6 LIBERTY LANE WEST				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011						Year)	Officer (g below)			jive title		r (specify v)	
(Street) HAMPTON NH 03842			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(Sta	ate) (2	Zip)	-	Person												
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed (of, or	Benefici	ally	Owne	ed			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.					or Disposed		5. Amount of Securities Beneficially			ership I n: Direct I	7. Nature of Indirect Beneficial Ownership	
							Amoun	t	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Indir	ect (I)	(Instr. 4)	
Common stock, no par value.		02/15/2011		J (1))	7.	745	A	\$22.699		0			D		
Common	mmon stock, no par value.		05/16/2011		J ⁽²⁾)	7	.27	A	\$24.54	8 0			D		
Common	stock, no pa	ır value.	08/15/2011			J (3)	7.	033	A	\$25.73	2	0			D	
Common	ommon stock, no par value. 1				J(4		.)	17	7.05	A	\$26.96	4	1,349.654			D	
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ersion Date ercise (Month/Day/Year) if of ative (3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amou or Numb		Der Sec	b. Price of Derivative Security Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exer	cisable	Expiration Date	Title	of Shares						

Explanation of Responses:

- 1. Shares were purchased on my behalf by Unitil Corporation and transferred into my name in connection with the stock portion of my annual Retainer Fee received as a Director of the Company.
- 2. Shares were purchased on my behalf by Unitil Corporation and transferred into my name in connection with the stock portion of my annual Retainer Fee received as a Director of the Company.
- 3. Shares were purchased on my behalf by Unitil Corporation and transferred into my name in connection with the stock portion of my annual Retainer Fee received as a Director of the Company.
- 4. Shares were purchased on my behalf by Unitil Corporation and transferred into my name in connection with the stock portion of my annual Retainer Fee received as a Director of the Company.

02/02/2012 /s/ William Drea Adams

** 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.