FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

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* Mayer Bethany.				event Requiring Year) .7	Statement		3. Issuer Name and Ticker or Trading Symbol SEMPRA ENERGY [SRE]						
(Last) 488 8TH AVENUE	(First)	(Middle)				(Check all a	Relationship of Reporting Person(s) to Issuer Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)						X	Director Officer (give title below)		10% Owner Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
SAN DIEGO	CA	92101										Form filed by Mor	re than One Reporting Person
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)					2. Amount of (Instr. 4)	Securities Beneficially Owned		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities beneficially owned						0		D					
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 (Monthi/DaylYear)					(Instr. 4) Exercise of Derivat			4. Conversion Exercise Prof Derivative Security	ice	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Security			

Explanation of Responses:

Remarks:

BETHANY MAYER BY: James M. Spira,
Associate General Counsel of Sempra Energy 03/02/2017

and Attorney-In-Fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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*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.

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.

POWER OF ATTORNEY

The undersigned hereby constitutes and appoints each of Maria Angelica Espinosa, Kari E. McCulloch, G. Joyce Rowland, and James M. Spira, signing singly, as (

Execute for and on behalf of the undersigned any and all forms, statements and reports (including, but not limited to, Forms 3, 4 and 5 and Form ID) of the state of the undersigned as the attorney-in-fact so acting may deem necessary or desirable to prepare, execute and find the angular and all other action of any type whatsoever in connection with the foregoing which, in the opinion of the attorney-in-fact so acting, may be of the undersigned grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or the undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming nor does Set in the state of the undersigned, are not assuming nor does Set in the state of the undersigned, are not assuming nor does Set in the state of the undersigned, are not assuming nor does Set in the state of the undersigned, are not assuming nor does Set in the state of the undersigned, are not assuming nor does Set in the state of the undersigned, are not assuming nor does Set in the state of the undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming nor does Set in the state of the undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming nor does Set in the state of the undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned acknowledges.

This power of attorney shall remain in full force and effect until the undersigned is no longer obligated to file forms, statements or reports under Section :

/s/ BETHANY J. MAYER
(Signature)
Bethany J. Mayer
Dated: February 22, 2017