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 Estimated average burden hours per response:

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Hield pursuant to Section 16(a) of the Sectimites Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940														
1. Name and Address of Reporting Person* 2. Date of Event Requiring Statement (Month/Day/Year) 01/12/2019					Statement	3. Issuer Name and Ticker or Trading Symbol SOUTHERN CALIFORNIA GAS CO [SOCG]								
(Last) 555 W. 5TH STREET	(First) (Middle) 5TH STREET						4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director			10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) LOS ANGELES CA 90013						X	Officer (give title below) VP and General Co				X Form filed by One Reporting Person Form filed by More than One Reporting Person			n
(City) (State) (Zip)														
				Table	I - Non-De	rivative S	ecurities Bene	icially Owned						
1. Title of Security (Instr. 4)						2. Amount o (Instr. 4)	Securities Benefic		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities beneficially owned							0		D					
							urities Benefic		s)					
Expirati							3. Title and Amount of Securities Underlying Deriva (Instr. 4)			4. Convers Exercise P of Derivativ	rice	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Benefic Ownership (Instr. 5)	ficial
				Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Security				
xplanation of Response	s:													

Remarks:

DAVID J. BARRETT BY: James M. Spira, Associate General Counsel of Sempra Energy 01/14/2019

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.
* 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.

The undersigned hereby constitutes and appoints each of Maria Angelica Espinosa, Lenin E. Lopez, Kari E. McCulloch, G. Joyce Rowland and James M. Spira, or ar (1) Prepare, execute, acknowledge, deliver and file for and on behalf of the undersigned any and all forms, statements and reports (including, but not limited to, Fc (2) Prepare, execute, acknowledge, deliver and file for and on behalf of the undersigned any and all Form 144s (including any amendments or supplements thereto) with (3) Perform any and all acts in connection with the foregoing for and on behalf of the undersigned as the attorney-in-fact so acting may deem necessary or desirable (4) Take any 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 benefit 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, c 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 Sr This power of attorney shall supersede any power of attorney previously granted by the undersigned with respect to the subject matter herein and shall remain IN WITNESS WHEREOF, the undersigned has caused this power of attorney to be executed as of this 9th day of January, 2019.

/s/ DAVID J. BARRETT

David J. Barrett