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 OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934											hours per response:			0.5
1. Name and Address of Reporting Person [*] Wagner Patricia K				Event Requiring //Year) 17		30(h) of the investment Company Act of 1940 3. Issuer Name and Ticker or Trading Symbol SOUTHERN CALIFORNIA GAS CO [SOCG]								
(Last) 555 W. 5TH STREET	(First)	(Middle)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				Ļ	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) LOS ANGELES				X Officer (give title below) Chief Executive O		utive Offic	Other (specify below)		X Form filed by More than One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	_											
				Table	I - Non-De	erivative S	ecurities Beneficially	Owned						
1. Title of Security (Instr. 4)						2. Amount o (Instr. 4)	f Securities Beneficially Owr		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securitites beneficially owned							0		D					
							curities Beneficially O options, convertible s)					
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative S (Instr. 4)			ative Security	4. Conversion Exercise Prior of Derivative Security	ce Form: Direct (D) o	t (D) or		1
				Date Expiration Exercisable Date		Title			Amount or Number of Shares					

Remarks:

PATRICIA K. WAGNER BY: James M. Spira, Associate General Counsel and Attorney-in- 01/03/2017

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, Kari E. McCulloch, G. Joyce Rowland, and James M. Spira, signing singly, as t (1) 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 under (2) Perform any and all acts for and on behalf of the undersigned as the attorney-in-fact so acting may deem necessary or desirable to prepare, execute and file any (3) 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 Se 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/ PATRICIA K. WAGNER (Signature) Patricia K. Wagner

Dated: December 14, 2016