#### Edgar Filing: FIRST NORTHERN COMMUNITY BANCORP - Form 4

#### FIRST NORTHERN COMMUNITY BANCORP

Form 4 April 04, 2016

### 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Orris Bruce A

(First) (Middle)

195 N. FIRST STREET, P.O. BOX

(Street)

(State)

04/01/2016

547

**DIXON, CA 95620** 

(City)

Common

Stock

(Last)

2. Issuer Name and Ticker or Trading

Symbol

FIRST NORTHERN COMMUNITY BANCORP [FNRN]

(Month/Day/Year)

04/01/2016

3. Date of Earliest Transaction

4. If Amendment, Date Original

Filed(Month/Day/Year)

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

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Zip)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A) or (D) Price Code V Amount

149 (1) D I

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I)

Indirect Beneficial Ownership

10% Owner Other (specify

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

**EVP/Chief Information Officer** 

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Issuer

below)

Person

5. Amount of

Securities

Owned

Beneficially

Following

Transaction(s)

(Instr. 3 and 4)

Reported

Director

Applicable Line)

X\_ Officer (give title

Estimated average

burden hours per

(Instr. 4) (Instr. 4)

16,094 D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: FIRST NORTHERN COMMUNITY BANCORP - Form 4

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. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D)	Expiration D (Month/Day/ e	Date Exercisable and piration Date onth/Day/Year)		le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Orris Bruce A 195 N. FIRST STREET P.O. BOX 547 DIXON, CA 95620

**EVP/Chief Information Officer** 

## **Signatures**

Devon Camara-Soucy, AVP/Corporate Secretary

04/04/2016

\*\*Signature of Reporting Person

Date

### **Explanation of Responses:**

- \* 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).
- (1) The First Northern Bank Profit Sharing/401(k) Plan sold shares. As a participant, Mr. Orris owns 149 shares sold by the plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2