### Edgar Filing: BOWER JOSEPH B JR - Form 4/A

BOWER JO	SEPH B JR										
Form 4/A											
June 21, 201	0										
FORM		STATES	SECU	TTIES A	ND EV		NCEO	COMMISSION		PROVAL	
	UNITED	SIAIES		shington,			NGE C	.OMIMISSION	OMB Number:	3235-0287	
Check th	is box		vv a:	sinington,	<b>D.C.</b> 20	547				January 31,	
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP				NERSHIP OF	Expires. 200		
	subject to Section 16. STATEMENT OF CHARGES IN BENT					ES ES				Estimated average burden hours per	
	Form 4 or									0.5	
Form 5	Filed put	suant to S	Section 1	6(a) of th	e Securi	ties E	Exchang	e Act of 1934,	response		
obligatio may cont				•	•	· ·	•	f 1935 or Section	n		
See Instr		30(h)	of the In	vestment	Compar	ny Ac	t of 194	40			
1(b).											
(Print or Type I	Responses)										
× 51	1										
	Address of Reporting	Person <sup>*</sup>	2. Issue	r Name <b>and</b>	l Ticker or	Tradi	ng	5. Relationship of	Reporting Pers	on(s) to	
			Symbol	<b>IB FINANCIAL CORP/PA</b>				Issuer			
								(Check all applicable)			
			[CCNE]					(check an approacto)			
(Last)	(First) (	Middle)	3. Date of	f Earliest Tr	ansaction			Director		Owner	
			(Month/E	-				X_ Officer (give below)	title Othe below)	er (specify	
143 TURNER DR. 06/2			06/21/2	6/21/2010				President and CEO			
Filed(Mor 06/18/20			4. If Ame	mendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Month/Day/Year)				Applicable Line)				
			:010				_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
CLEARFIE	LD, PA 16830							Person		porting	
(City)	(State)	(Zip)	Tabl	le I - Non-D	<b>)</b> erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deem	ned	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		Date, if	Transactio				Securities	Form: Direct		
(Instr. 3)		any (Month/D	av/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(monus)	uy/icui)	(Instr. 0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(Insu: 5 und +)			
common stock	06/21/2010			Р	3,902	А	\$ 10.25	14,043	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transactic Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Title and of Underlyin Securities (Instr. 3 and	ıg	8. Price of Derivative Security (Instr. 5)
option to				Code V	(A) (D)		Expiration Date	Title	Amount or Number of Shares	
buy	<u>(1)</u>					<u>(1)</u>	(1)	stock	10,812	

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# **Reporting Owners**

Reporting Owner Name / Addre	ss Relationships							
	Director	10% Owner	Officer	Other				
BOWER JOSEPH B JR 143 TURNER DR. CLEARFIELD, PA 16830			President and CEO					
Signatures								
Joseph B. Bower, Jr.	06/21/2010							

<u>\*\*</u>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) n/a

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.