PEROTTI JOHN F

Form 5

February 17, 2009

OMB APPROVAL FORM 5 OMB

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Expires: Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL burden hours per **OWNERSHIP OF SECURITIES**

5 obligations may continue. See Instruction

Check this box if

no longer subject

to Section 16.

Form 4 or Form

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

1. Name and Address of Reporting Person * PEROTTI JOHN F			2. Issuer Name and Ticker or Trading Symbol SALISBURY BANCORP INC [SAL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (M	(Mon	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008				_X_ Director10% Owner Officer (give title below)					
131 SHARON MOUNTAIN ROAD							Chairman & CEO					
	(Street)		4. If Amendment, Date Original				6. Individual or Joint/Group Reporting					
		Filed	(Month/Day/Year)				(check applicable line)					
SHARON,Â	CTÂ 06069 (State)	Гable I - Non-Der	ivative Sec	uritie	_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person prities Acquired, Disposed of, or Beneficially Ow							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		or O)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of			
Common Stock	Â	Â	Â	Â	Â	Â	9,514	D (1)	Â			
Common Stock	Â	Â	Â	Â	Â	Â	564	I	Son (3)			
Common Stock	Â	Â	Â	Â	Â	Â	1,100	I	Wife (3)			
Common Stock	Â	Â	Â	Â	Â	Â	278.8732	D (2) (4)	Â			

3235-0362

January 31,

2005

1.0

Number:

response...

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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.

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Of D So B

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

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Title	and	8. Price of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Da	ate	Amoun	t of	Derivative	
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	ies	(Instr. 5)	
		Derivative				Securities			(Instr. 3	3 and 4)		
		Security				Acquired						
						(A) or						
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
									,	Amount		
										Amount or		
							Date	Expiration		Number		
							Exercisable	Date	of			
						(A) (D)				Shares		
						(A) (D)				Silares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PEROTTI JOHN F 131 SHARON MOUNTAIN ROAD Â X Â Â Chairman & CEO Â SHARON, CTÂ 06069

Signatures

/s/ John F. 01/30/2009

**Signature of Date
Reporting Person

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) Joint Tenant
- (**2**) Self
- (3) The reporting person disclaims beneficial ownership of these securities. This report should not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
- (4) Includes shares acquired upon reinvestment of dividends pursuant to the Salisbury Bancorp, Inc. Dividend Reinvestment and Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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