### **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Expires:

response...

Estimated average burden hours per

2005

0.5

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 A Person <u>*</u> Farrell D		porting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol SALISBURY BANCORP INC [SAL]							
(Last)	(First)	(Middle)	06/29/2012	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)				
210 ROTE I SHEFFIELI	(Street)			(Check all applicable) XDirector10% Own OfficerOther (give title below) (specify below)		Owner	6. Individual or Joint/Group				
(City)	(State)	(Zip)	Table I - N	I - Non-Derivative Securities Beneficially Owned							
1.Title of Secu (Instr. 4)	rity		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	I				
Common St	ock		100		D	Â					
Reminder: Rep owned directly			ch class of securities benefici	ially SI	EC 1473 (7-02	)					
	inforı requi	nation conta red to respo	pond to the collection of ained in this form are not nd unless the form displ MB control number.								
]	<b>Fable II - De</b>	rivative Secu	rities Beneficially Owned (e.	.g., puts, calls,	warrants, opt	ions, c	onvertible securities)				

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security: Security Direct (D) or Indirect		

Shares

(I) (Instr. 5)

# **Reporting Owners**

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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### **Remarks:** Exhibit List Exhibit 24 - Power of Attorney

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.