#### Edgar Filing: CHOICEONE FINANCIAL SERVICES INC - Form 4

#### CHOICEONE FINANCIAL SERVICES INC

Form 4

January 21, 2014

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

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if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

1(b).

Stock

(Print or Type Responses)

may continue.

See Instruction

1. Name and Address of Reporting Person * JOHNSON MARY J			2. Issuer Name and Ticker or Trading Symbol CHOICEONE FINANCIAL SERVICES INC [NONE]				ıg	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last) 109 EAST				f Earliest Transaction  Day/Year)				Director 10% Owner _X_ Officer (give title Other (specify below) Secretary				
Filed(Mon			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
SPARTA, MI 49345									Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative (	Securi	ities Acqu	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	Code (Instr. 8)	4. Securit on(A) or Dia (Instr. 3, 4	sposed 4 and 3 (A) or	of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	01/17/2014			Code V M	Amount 525	(D)	Price \$ 16.31	7,010.004 (1)	D			
Common Stock	01/17/2014			F	507.58	D	\$ 16.87	6,502.424	D			
Common Stock								979.455 <u>(2)</u>	I	401(k) Plan		

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

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Plan

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number.

8. P Der Sec (Ins

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)	Deriv Secu Acqu (A) o Disp of (D	vative rities nired or osed o) r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		3 3 (
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 16.31	01/17/2014		M		132	01/21/2004	01/20/2014	Common	132	
Stock Option (Right to Buy)	\$ 16.31	01/17/2014		M		131	01/21/2005	01/20/2014	Common	131	
Stock Option (Right to Buy)	\$ 16.31	01/17/2014		M		131	01/21/2006	01/20/2014	Common	131	
Stock Option (Right to Buy)	\$ 16.31	01/17/2014		M		131	01/21/2007	01/20/2014	Common	131	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JOHNSON MARY J 109 EAST DIVISION STREET SPARTA, MI 49345			Secretary				

# **Signatures**

/s/ Mary J.

Johnson 01/21/2014

Date

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\*\*Signature of 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) Column 5 reflects the acquisition of 397.2754 shares under the ChoiceOne Financial Services, Inc. Employee Stock Purchase Plan, 182.2373 shares from the reinvestment of cash dividends, and 17 shares transferred in from another registration.
- (2) The number of shares in column 5 is the reporting person's best estimate based on a plan statement dated December 31, 2013.

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.

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