#### Edgar Filing: FIRST FINANCIAL BANCORP /OH/ - Form 4

FIRST FINANCIAL BANCORP /OH/ Form 4 October 15, 2013 **OMB APPROVAL** FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Barker David S Issuer Symbol FIRST FINANCIAL BANCORP (Check all applicable) /OH/ [FFBC] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_\_ Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) below) 255 EAST FIFTH STREET, SUITE 10/11/2013 2900 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting CINCINNATI, OH 45202 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) any Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I)(A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Price Code V Amount (D) **FFBC** (Directors 10/11/2013 Ρ 485 Α 3,850 D 15 04 Fee Stock Plan) Common 2,000 D Stock Common Brokerage 3,722 Ι Stock Account Common Ι Restricted 1.620 Stock

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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.

# 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 | cisable and | 7. Titl | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|--------------------------|---------------|-------------|---------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | onNumber                 | Expiration D  | ate         | Amou    | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of                       | (Month/Day/   | Year)       | Under   | lying    | Security    | Secu   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative<br>Securities |               |             | Securi  | ities    | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            |                          |               |             | (Instr. | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired                 |               |             |         |          |             | Follo  |
|             |             |                     |                    |            | (A) or                   |               |             |         |          |             | Repo   |
|             |             |                     |                    |            | Disposed                 |               |             |         |          |             | Trans  |
|             |             |                     |                    |            | of (D)                   |               |             |         |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3,               |               |             |         |          |             |        |
|             |             |                     |                    |            | 4, and 5)                |               |             |         |          |             |        |
|             |             |                     |                    |            |                          |               |             |         |          |             |        |
|             |             |                     |                    |            |                          |               |             |         | Amount   |             |        |
|             |             |                     |                    |            |                          |               | Expiration  | -       | or       |             |        |
|             |             |                     |                    |            |                          |               | Date        | Title   |          |             |        |
|             |             |                     |                    |            |                          |               |             |         | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)                  |               |             |         | Shares   |             |        |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| Barker David S<br>255 EAST FIFTH STREET<br>SUITE 2900<br>CINCINNATI, OH 45202 | х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| /s/ Hope M.   | 10/15/201     | 2         |         |       |  |  |  |

/s/ Hope M. Elliott, POA 10/15/2013

<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).

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.