

WALKER LOUISE A  
Form 4  
November 15, 2002

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

OMB APPROVAL

**FORM 4**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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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

Filed By Romeo & Dye's Instant Form 4 Filer  
www.section16.net

1. Name and Address of Reporting Person* <b>Walker, Louise A.</b> (Last) (First) (Middle) <b>195 N. First Street</b> <b>P.O. Box 547</b> (Street) <b>Dixon, CA 95620</b> (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <b>First Northern Community Bancorp -- FNRN</b>				6. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>SVP/CFO/Cashier</b>			
3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) <b>548-31-8769</b>			4. Statement for Month/Day/Year <b>11/14/02</b>				7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			
<b>Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 & 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Capital	11/14/02		J <sup>(1)</sup>		21	D	\$22.75	34,257	I	Trustee for FNB Profit Sharing Plan
Common Capital	11/12/02	11/12/02	M <sup>(2)</sup>		2,500	A	\$11.35	9,129	D	J/T w/Spouse
Common Capital	11/12/02		F <sup>(3)</sup>		1,247	D	\$22.75	9,129	D	J/T w/Spouse

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

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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**FORM 4 (continued) 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 & 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned	10. Ownership Form of Deriv-	11. Nature of Indirect Beneficial Ownership (Instr. 4)
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	Security	Day/ Year)	(Month/ Day/ Year)	(Instr. 8)	Acquired (A) or Disposed of (D)						Following Reported Transaction(s) (Instr. 4)	ative Security: Direct (D) or Indirect (I) (Instr. 4)		
					(Instr. 3, 4 & 5)									
				Code	V	(A)	(D)	Date Exer-cisable	Expira- tion Date	Title	Amount or Number of Shares			
<b>Common Capital (right to purchase)</b>	<b>\$11.35</b>	<b>11/12/02</b>	<b>11/12/02</b>	<b>M</b>		<b>2,500</b>		<b>3/6/98</b>	<b>3/6/08</b>	<b>CC</b>	<b>2,500</b>	<b>\$11.35</b>	<b>D</b>	<b>J/T w/Spouse</b>

Explanation of Responses:

(1) CODE J = One of three Trustees of the First Northern Bank of Dixon Profit Sharing Plan. The disposed of shares were given to employees as "Employee Recognition Stock."

(2) CODE M = Stock Options Exercised

(3) CODE F = 1,247 Shares @\$22.75 swapped for 2,500 Option Shares @\$11.35 plus check for \$5.75.

By: /s/ **Lynn Campbell, AVP/Corporate Secretary**  
**w/POA**

**11/14/02**  
Date

\*\*Signature of Reporting Person

\*\*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.

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