Edgar Filing: Hackemer Dean - Form 4

| Hackemer D | ean | | | | | | | | |
|--|---|----------------|---|--|---|--|--|--|-------------------------|
| Form 4 | 2006 | | | | | | | | |
| January 04, 2 | | | | | | | | | PPROVAL |
| FORM 4Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Filed pursuant of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESFiled 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 | | | | | | | | 3235-0287 | |
| | | | | | | | Estimated burden hoi response | urs per | |
| (Print or Type I | Responses) | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol ACCESS NATIONAL CORP [ANCX] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| CORPORA | (First) SS NATIONAL TION, 1800 RC DRIVE, SUITE 3 | BERT | 3. Date of | of Earliest T Day/Year) | ransaction | | Director X Officer (giv below) | | % Owner her (specify |
| | | | 4. If Amendment, Date Original Filed(Month/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 Person | | | |
| (City) | (State) | (Zip) | T 1 | | | a | | | |
| | | - | | | | | Acquired, Disposed | | - |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) | 4. Securit nAcquired Disposed (Instr. 3, 4 | (A) or of (D) | Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | |
| | | | | Code V | Amount | (D) Price | (Instr. 3 and 4) | | |
| Reminder: Rep | oort on a separate lin | ne for each cl | ass of sec | urities benef | ficially ow | ned 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)

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| 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. Transacti Code (Instr. 8) | 5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ve Expiration Date (Month/Day/Year) f | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. D Se (I |
|---|---|---|---|---------------------------------------|--|-----|---|--------------------|--|--|---------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| options to purchase | \$ 14.05 | 12/30/2005 | | А | 2,250 | | 12/30/2005 | 12/30/2008 | common stock | 2,250 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|--------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Hackemer Dean C/O ACCESS NATIONAL CORPORATION 1800 ROBERT FULTON DRIVE, SUITE 300 RESTON, VA 20191 | | | President (sub) | | | |
| Signatures | | | | | | |
| Sheila M. Linton, as attorney-in-fact for Dean Hackemer | 01/04/2006 | | | | | |
| <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.