#### SUSSEX BANCORP

Form 4

September 15, 2014

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

**OMB APPROVAL** 

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

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

Check this box

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 ** LISTA GEORGE |           |          | Issuer Name and Ticker or Trading  Symbol        | 5. Relationship of Reporting Person(s) to<br>Issuer (Check all applicable)   |  |  |  |
|---|-----------|----------|--|--|--|--|--|
|   |           |          | SUSSEX BANCORP [SBBX]                            |  |  |  |  |
| (Last)  | (First)   | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | Director 10% Owner   |  |  |  |
| C/O SUSSEX  | X BANK, 3 | 99 ROUTE | 09/11/2014                                       | _X_ Officer (give title Other (specify below) CEO Tri State Ins. Agency  |  |  |  |
| (Street) FRANKLIN, NJ 07416                             |           |          | 4. If Amendment, Date Original                   | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |
|   |           |          | Filed(Month/Day/Year)                            |  |  |  |  |
| (City)  | (State)   | (Zip)    | Table I New Desireding Committee As              | animal Discussed of an Banafisially Ossus  |  |  |  |

| (City)                               | (State)                              | Zip) Table  | I - Non-De                             | erivative S  | ecurit | ies Acq    | uired, Disposed o  | f, or Beneficial   | ly Owned  |  |
|--------------------------------------|--------------------------------------|---|--|--|--------|------------|--|--|---|--|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price |        |            | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock                      | 09/11/2014                           |   | P                                      | 102.56   | A      | \$<br>9.63 | 80,906.04  | D  |   |  |
| Common<br>Stock                      |                                      |   |  |  |        |            | 1,103  | I  | by IRA  |  |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Edgar Filing: SUSSEX BANCORP - Form 4

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, |                     | ate                | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |  |
|---|---|---|---|---|---------------------|--------------------|---|---|---|--|
|   |   |   | Code V                                  | 4, and 5) (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares              |   |  |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LISTA GEORGE C/O SUSSEX BANK 399 ROUTE 23 FRANKLIN, NJ 07416

CEO Tri State Ins. Agency

## **Signatures**

Linda Kuipers, Attorney-in-Fact 09/15/2014

\*\*Signature of Reporting Person Da

# **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.

Reporting Owners 2