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ASB FINAN Form 4 March 17, 20	CIAL CORP /O	H									
								PPROVAL			
FORM 4 UNITED STATES SECUE				ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 ou Form 5 obligation may conti <i>See</i> Instru 1(b).	Section 10 Public Ut	GES IN I SECUR	Expires: Estimated a burden hou response n	irs per							
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> GAMPP MICHAEL			2. Issuer Name and Ticker or Trading Symbol ASB FINANCIAL CORP /OH [ASBP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 1631 CARROLL DR, C/O ASB FINANCIAL CORP			3. Date of Earliest Transaction (Month/Day/Year) 03/16/2005					Director 10% Owner XOfficer (give title Other (specify below) below) below) Vice President and CFO			
				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 			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acc	Person quired, Disposed of	f. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	med	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di	ties Adispose 4 and (A) or	cquired d of	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	
Common Shares	03/16/2005			M	339	(D) A	\$ 8.75	3,000	D		
Common Shares								3,111 <u>(1)</u>	Ι	By ESOP	
Common Shares								550	Ι	By MRP Trustee	

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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 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)	Code	Transactionof		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Options	\$ 8.75	03/16/2005		М	339	(2)	12/31/2011	Common Shares	339	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GAMPP MICHAEL 1631 CARROLL DR C/O ASB FINANCIAL CORP PORTSMOUTH, OH 45662			Vice President and CFO				
Signatures							

/s/ Michael L.	
Gampp	03/16/2005
<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).
- (1) Includes ESOP allocations since the date of the reporting person's last ownership report.
- (2) The options vest and become exercisable in five annual installments, beginning $\frac{12}{31}/2002$.

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.