## Edgar Filing: FIRST NORTHERN COMMUNITY BANCORP - Form 4

FIRST NORTHERN COMMUNITY BANCORP Form 4 February 22, 2016 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 Danelson T Joe Issuer Symbol FIRST NORTHERN COMMUNITY (Check all applicable) BANCORP [FNRN] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner \_X\_\_ Officer (give title Other (specify (Month/Day/Year) below) below) **195 N FIRST STREET** 02/18/2016 EVP/Chief Credit Officer (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 **DIXON, CA 95620** Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 7. Nature 6. (Instr. 3) (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Ownership of Indirect any Code (D) Beneficially Form: Beneficial Ownership Direct (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following or Indirect (Instr. 4) Reported  $(\mathbf{I})$ (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V Amount (D) Price **Restricted Stock**  $A^{(1)}$ Award/Common 02/18/2016 2.350 А D 6.305 8 1 3 Stock

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 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 onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date urities (Month/Day/Year) uired or posed of tr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 8.13	02/18/2016		A	8,700	(2)	02/17/2026	Common Stock	8,700	

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## **Reporting Owners**

Reporting Owner Name / Address			Relationships	
1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Director	10% Owner	Officer	Other
Danelson T Joe 195 N FIRST STREET DIXON, CA 95620			EVP/Chief Credit Officer	
Signatures				
Devon Camara-Soucy, AVP/Co Secretary	orporate		02/22/2016	
**Signature of Reporting Pers	on		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) Restricted Stock Award with four year cliff vesting or upon retirement whichever comes first (retirement is defined as age 65 or older).

(2) Stock Options granted vest 0% upon their grant and 25% annually over 4 years.

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.