## Edgar Filing: BESSE DAWN A - Form 4

BESSE DA	WN A												
Form 4													
December 1													
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMMISSION	OMB APPROVAL				
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549									OMB Number:	3235-0287		
Check the	his box		•••	sinng	ιυΠ	, <b>D</b> .C. 2(	547				January 31,		
if no lon	- NIATHN	MENT O	F CHAN	IGES	IN	BENEF	ICIA	AL OW	NERSHIP OF	Expires. 2005			
subject t Section	.0					RITIES			Estimated average burden hours per				
Form 4										response	0.5		
Form 5	Filed put	rsuant to S	Section 1	l6(a) c	of th	e Securi	ties H	Exchange	e Act of 1934,	•			
obligation may con		(a) of the l	Public U	tility I	Hol	ding Co	npan	y Act of	1935 or Section	l			
See Inst		30(h)	of the In	ivestr	nent	Compar	ny Ao	ct of 194	0				
1(b).													
(Drint or Type)	Deemengee												
(Print or Type	Kesponses)												
1. Name and Address of Reporting Person <sup>*</sup>				er Name	and	Ticker o	· Tradi	ino	5. Relationship of Reporting Person(s) to				
BESSE DA	8						Issuer						
		[CZNC]						(Check all applicable)					
(Last)	(First) (	Middle)	3. Date of	of Earlie	st Ti	ransaction			Director		Owner		
				Day/Yea	ar)				X_ Officer (give title Other (specify below) below)				
726 FISCHLER STREET EXT			12/16/2011						Executive Vice President				
	(Street)		4. If Am	endmen	t. Da	ate Origina	ıl		6. Individual or Joi	nt/Group Filin	g(Check		
							Applicable Line)						
									_X_ Form filed by O				
WELLSBO	DRO, PA 16901								Form filed by Me Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tah	le I - N	on-I	)erivative	Secu	rities Aca	uired, Disposed of,	or Beneficial	v Owned		
1.Title of	2. Transaction Date	24 Deem		3.	011 1			_		6.	7. Nature of		
Security	(Month/Day/Year)			actio	nor Dispos		cquired (A (D)	Securities	0. Ownership	Indirect			
(Instr. 3)		any		Code (Instr. 3, 4 and 5)					Beneficially	1	Beneficial		
		(Month/Day/Yea		Year) (Instr. 8)					Owned	Direct (D)	Ownership		
									Following Reported	or Indirect (I)	(Instr. 4)		
							(A)		Transaction(s)	(Instr. 4)			
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common									2 205	D			
Stock									2,305	D			
Common								\$					
Stock	12/16/2011	12/16/20	)11	J <u>(1)</u>	V	23	А	φ 16.723	3 2,400	Ι	ESOP		
Stoon								10.720					

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.

## Edgar Filing: BESSE DAWN A - Form 4

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BESSE DAWN A			Executive					
726 FISCHLER STREET EXT			Vice					
WELLSBORO, PA 16901			President					
Signatures								
Teri L. Mitchell for Dawn E. Besse under Power of Attorney dated								
07/23/09				12/19/2011				

\*\*Signature of Reporting Person

## **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) Dividend of 11/14/11 Posted to DR Account

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.

Date