REBER JOHN M Form 4

February 20, 2013

# FORM 4

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

**OMB** Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 January 31, Expires: 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Estimated average burden hours per response... 0.5

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may continue. See Instruction

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Common

Common

Stock

Stock

02/15/2013

(Print or Type Responses)

1 Name and Address of Departing De

1. Name and Address of Reporting Person ** REBER JOHN M			2. Issuer Name and Ticker or Trading Symbol CITIZENS & NORTHERN CORP [CZNC]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
	(Last)	(First)	(Middle)	3. Date of (Month/D	f Earliest Ti Oay/Year)	ransaction			DirectorX Officer (give below)		Owner er (specify	
755 BROWN ROAD				02/15/2013					EVP			
		(Street)		4. If Ame	ndment, Da	ate Original			6. Individual or Jo	oint/Group Filin	g(Check	
WELLSBORO, PA 16901				Filed(Mor	nth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
	(6'')	(6, , )	( <b>7</b> : )						1 CISOII			
	(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
	1.Title of	2. Transaction Da	ite 2A. Deei	med	3.	4. Securit	ties Ac	quired	5. Amount of	6.	7. Nature of	
i	Security	(Month/Day/Year	e) Execution	n Date, if		on(A) or Di	•		Securities	Ownership	Indirect	
-	(Instr. 3)		any		Code	(Instr. 3,	4 and 5	5)	Beneficially	Form: Direct	Beneficial	
			(Month/l	Day/Year)	(Instr. 8)				Owned	(D) or	Ownership	
									Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
							(A)		Transaction(s)	(111341. 4)		
					G 1 11		or	ъ.	(Instr. 3 and 4)			
					Code V	Amount	(D)	Price	,			

V 27

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.

3,086

1,936

19.72

D

Ι

By ESOP

### Edgar Filing: REBER JOHN M - Form 4

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

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security		Acquired						Follo		
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Title Number		
						LACICISAULE I		of	of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

REBER JOHN M 755 BROWN ROAD WELLSBORO, PA 16901

**EVP** 

**Signatures** 

Teri L. Mitchell for John M. Reber under Power of Attorney dated 01/03/11.

02/20/2013

\*\*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) Dividend of 02/15/13 posted to D/R 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.

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