## Edgar Filing: Donohue Antonia M. - Form 4

Donohue An	tonia M.																					
Form 4																						
February 04,	2013																					
FORM	4		GEOUD			<b></b>			OMB AF	PROVAL												
	- UNITED	STATES					NGE C	OMMISSION	OMB	3235-0287												
Check thi	s box		Was	shington,	D.C. 20	549			Number:	January 31												
if no long	er			CECINI	DIANITATA				Expires: 20													
subject to	)		r CHAN	GES IN BENEFICIAL OWNE				VERSHIP OF	Estimated average													
Section 1 Form 4 or	Section 16.			SECURITIES					burden hours per response 0.													
Form 5		report to	Section 1	6(a) of the	Securit	ios F	vehange	e Act of 1934,	response C													
obligation	<sup>18</sup> Section $17$						•	1935 or Sectior	<b>,</b>													
may cont	inue.			vestment	•	· ·			1													
<i>See</i> Instru 1(b).	iction	50(11)	or the m	vestment	compun	<i>y</i> 110		•														
1(0).																						
(Print or Type F	Responses)																					
Donohue Antonia M. Symbol				er Name and Ticker or Trading GE BANCORP INC [BDGE]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)														
												(Last)	(First)	Middle)	3. Date of	Earliest Tra	ansaction			(		,
												(Month/D PO BOX 3005 02/01/20			Day/Year)				_X_ Director		Owner	
02/01/2013					Officer (give title Other (specify below)																	
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check														
			nth/Day/Year)				Applicable Line)															
T ned(mon				unduy, real)				_X_ Form filed by One Reporting Person														
BRIDGEHA	MPTON, NY 1	1932						Form filed by M Person	lore than One Re	porting												
(Citra)	(Stata)	$(\mathbf{Z}_{in})$																				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned												
1.Title of		Transaction Date 2A. Deemed					cquired	5. Amount of	6. Ownership													
Security (Instr. 3)	(Month/Day/Year)						d of (D)	Securities Beneficially	Form: Direct	Indirect Beneficial												
(11150.3)		any (Month/I	Code (Instr. 3, 4 and 5) (Instr. 8)				Owned	< / /	Ownership													
		(		(				Following	(Instr. 4)	(Instr. 4)												
						(A)		Reported														
						or		Transaction(s) (Instr. 3 and 4)														
~				Code V		(D)	Price															
Common	02/01/2013			Р	1	А	\$ 20.5	3,478.4781	D													
Common	02/04/2012			р	000	٨	\$	1 177 1701	D													
Common	02/04/2013			Р	999	А	20.39	4,477.4781	D													

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title Amoun Underly Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		(IIISU

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## **Reporting Owners**

<b>Reporting Owner Name / Ad</b>	dress	Relationships						
reporting o wher runne / run	Director	10% Owner	Officer	Other				
Donohue Antonia M. PO BOX 3005 BRIDGEHAMPTON, NY	X 11932							
Signatures								
/s/ Antonia M. Donohue	02/04/2013							
<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).

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.