Edgar Filing: FIRST NORTHERN COMMUNITY BANCORP - Form 4

FIRST NORTHERN COMMUNITY BANCORP Form 4 August 15, 2008 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 WALKER LOUISE A 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, P.O. BOX 08/12/2008 SEVP/CFO 547 (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 2. Transaction Date 2A. Deemed 6. Ownership 7. Nature of 1.Title of 3. 4. Securities Acquired 5. Amount of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) any Code (D) Beneficially (D) or Beneficial (Instr. 8) (Instr. 3, 4 and 5) Ownership (Month/Day/Year) Owned Indirect (I) (Instr. 4) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price One of three Common Trustees of $\mathbf{J}(1)$ 08/12/2008 14 D 71,863 I 9.25 **FNB** Profit Stock Sharing Plan Common 30,380 D 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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ctionNumbe	r Expiration D	late	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3) Derivat	tive		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities		(Instr. 3 an		. 3 and 4)		Owne
	Security				Acquir	ed					Follo
					(A) or						Repo
					Dispos	ed					Trans
					of (D)						(Instr
					(Instr. 3	3,					
					4, and 3	5)					
									Amount		
						Date	Expiration		or		
						Exercisable	Exercisable Date	Title			
									of		
				Code	V (A) (I	D)			Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	nships Officer SEVP/CFO	Other			
WALKER LOUISE A 195 N. FIRST STREET P.O. BOX 547 DIXON, CA 95620			SEVP/CFO				
Signatures							
Lynn Campbell, AVP/Corporat Secretary	e 08/15/2008						

<u>**</u>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).

Date

(1) These shares were given to Employees as an Award for "That's My Bank Day" 7 employees 2 shares each.

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.