## Edgar Filing: PLUMAS BANCORP - Form 4

PLUMAS BANC	ORP											
Form 4												
November 07, 20												
FORM 4	UNITED S	STATES SI		ITIES A hington,			NGE C	OMMISSION	OMB AP OMB Number:	PROVAL 3235-0287		
Check this box if no longer subject to Section 16. Section 16.				0	BENEF		ERSHIP OF	Expires: January 31 2005 Estimated average burden hours per				
Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(a		blic Uti	lity Hold	ling Cor	npan	y Act of	Act of 1934, 1935 or Section	response	0.5		
(Print or Type Respon	nses)											
1. Name and Addres WATSON THO		Sy	ymbol	Name <b>and</b>				5. Relationship of l Issuer	Reporting Perso	on(s) to		
			S BANC	-	LDU	J	(Check all applicable)					
(Last) (PO BOX 2044	(First) (N	(M	Date of . /onth/Da 1/03/20	-	ansaction			X Director Officer (give t below)		Owner r (specify		
			4. If Amendment, Date Original Filed(Month/Day/Year)					<ol> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol>				
TRUCKEE, CA	96160							Form filed by Mo Person				
(City) (	(State)	(Zip)	Table	I - Non-D	erivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned		
	ransaction Date nth/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if /Year)	Transaction	(Instr. 3,	sposed 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common 11/0 Stock	03/2006			S S	1,800	D	\$ 15.576	8,697	Ι	Pension Plan (1)		

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	ction C 3) I S A ( I C C (	ionNumber Expiration of (Month/Da		3	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code N		4, and (A) (	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Person

Reporting Owner Name / Addre	SS	Relationships								
	Director	10% Owner	Officer	Other						
WATSON THOMAS M PO BOX 2044 TRUCKEE, CA 96160	Х									
Signatures										
Thomas Watson	11/07/2006									
**Signature of	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) Includes both direct and indirect holdings. 8,510 shares are indirectly held via Pension Plan and 187 shares held directly.

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.