MidWestOne Financial Group, Inc. Form 3 May 04, 2015 FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Instr. 4)

1. Name and Address of Reporting Person <u>*</u> John M. Morrison Revocable Trust #4			2. Date of Event Requiring Statement (Month/Day/Year) 05/01/2015	3. Issuer Name and Ticker or Trading Symbol MidWestOne Financial Group, Inc. [MOFG]					
(Last)	(First)	(Middle)		4. Relationshi Person(s) to Is	p of Reporting ssuer	5. If Amendment, Date Original Filed(Month/Day/Year)			
STREET,Â		1700		(Check					
(Street) IOWA CITY, IA 52240				DirectorX10% Owner OfficerOther (give title below) (specify below)		Filing(Check Applicable Line)			
						Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Secu (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)		Ownership O	. Nature of Indirect Beneficial Ownership Instr. 5)			
Reminder: Rep owned directly	or indirectly.		ach class of securities benefic	- 5	EC 1473 (7-02)				
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									

1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of 4. 5. 6. Nature of Indirect **Expiration Date** Securities Underlying Conversion Ownership **Beneficial Ownership** (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) Derivative (Instr. 4) Price of Security: Derivative Date Expiration Title Amount or Security Direct (D) Exercisable Number of Date

OMB APPROVAL

3235-0104

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average burden hours per

Shares	or Indirect		
	(I)		
	(Instr. 5)		

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
John M. Morrison Revocable Trust #4 102 S. CLINTON STREET P.O. BOX 1700 IOWA CITY, IA 52240	Â	X	Â	Â	
Signaturas					

Signatures

Kenneth R. Urmie, under Power of Attorney dated April 27, 2015, for John M. Morrison, Trustee, for the John M. Morrison Revocable Trust #4

**Signature of Reporting Person

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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.

05/04/2015

Date