### Edgar Filing: Magnuson Michele M. - Form 4

Magnuson M Form 4	Michele M.											
February 28	, 2019											
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AF OMB Number:	3735-078			
subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES bur							burden hou response	Estimated average burden hours per				
(Print or Type	Responses)											
Magnuson Michele M. Symbol				r Name <b>and</b> Ticker or Trading ON BANCORP INC /IN/ ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
515 FRANKLIN STREET       (Month/D)         (Street)       4. If Ame			(Month/D	of Earliest Transaction /Day/Year) /2019				X Director Officer (give below)	Officer (give title Other (specify			
			endment, Date Original hth/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>					
MICHIGA	N CITY, IN 4636	0						Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	med n Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	02/27/2019			Code V A	Amount 1,413	(D) A	Price \$ 17.69	(Instr. 3 and 4) 43,516 ( <u>1</u> )	Ι	By Trust		
Common Stock								18,138 <u>(1)</u>	I	By IRA		

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.

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 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	· · · · · · · · ·							
I B	Director	10% Owner	Officer	Other				
Magnuson Michele M. 515 FRANKLIN STREET MICHIGAN CITY, IN 46360	Х							
Signatures								
/s/Mark E. Secor, as Attorney-in-Fact for Michele M.								

Magnuson

\*\*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).

**Relationships** 

(1) Adjusted for a 3:2 stock split effective as of 06/15/2018

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.

02/28/2019

Date