Edgar Filing: COMMUNITY TRUST BANCORP INC /KY/ - Form 4

COMMUNITY TRUST BANCORP INC /KY/

Form 4

Common

Stock

November 08, 2007

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). OMB APPRO OMB												
(Print or Type F 1. Name and A JOHNSON	2. Issuer Name and Ticker or Trading Symbol COMMUNITY TRUST BANCORP NC /KY/ [CTBI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) PO BOX 55	Date of Earliest Transaction Month/Day/Year) 1/07/2007					Director 10% Owner Officer (give titleX Other (specify below) Director of Lead Bank						
(Street) 4. If Am Filed(Mo					nte Origina	1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting 				
(City)		(Zip)	Tabla I	Non T	Dorivativ a	Soon	itios Ao	Person	of or Ronofici	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) Execution any (Month/D		ate, if Tran Cod (Year) (Ins	4. Securitor(A) or Di (D) (Instr. 3,	ties Acsposed 4 and (A) or	cquired d of 5) Price \$	5. Amount of Securities Ownership Form: Direct (D) or Following Reported (Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect			
Stock Common Stock	11/0//2007		P		1,000	A	26.9		I	Executor of Spouse's Estate TTEE		

GFJohnson

Jr. Trust

U/A Dtd 3/13/1981

21,544

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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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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 Exerc	isable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Da	ate Amo		nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)) Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities	3		(Instr.	3 and 4)	
	Security	ecurity Acquired								
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
		4, and 5)								
									A	
									Amount	
						Date Exercisable	Expiration Date	Title	or	
									Number	
				G 1 1	7 (A) (B)				of	
				Code V	V (A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

JOHNSON HOBART C PO BOX 550 PIKEVILLE, KY 41502-0550

Director of Lead Bank

Signatures

Hobart C. Johnson, By: Marilyn T. Justice, Attorney-in-Fact

11/08/2007

**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.

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