Edgar Filing: ACNB CORP - Form 4

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Form 4												
November 16,									OMB AF	PROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check this if no longe subject to Section 16. Form 4 or	T STAT								Expires:January 31 200Estimated average burden hours per response0.			
Form 5 obligations may continue. See Instruction 1(b). 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 Re	sponses)											
			2. Issuer N Symbol	Symbol ACNB CORP [ACNB]					5. Relationship of Reporting Person(s) to Issuer			
									(Check all applicable)			
(Month 894 LAUREL WOODS LANE (Street) 4. If Au			3. Date of Earliest Transaction (Month/Day/Year) 11/13/2015					_X_ Director10% Owner Officer (give titleXOther (specify below) below) Chairman of the Board				
			4. If Amend Filed(Month		e Original		1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
HANOVER,	PA 17331						-	Form filed by Mo Person				
(City)	(State)	(Zip)	Table	I - Non-De	erivative Se	ecurit	ies Acqu	ired, Disposed of,	or Beneficiall	ly Owned		
1.Title of Security (Instr. 3)	2. Transactior (Month/Day/Y	Year) Execu any	eemed ition Date, if th/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			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)		
ACNB						(D)	\$					
Corporation Common	11/13/2015			Р	450	А	ф 21.87	15,773.7118	D			

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
ELSNER FRANK III 894 LAUREL WOODS LANE HANOVER, PA 17331	Х			Chairman of the Board				
Signatures								
/s/ Lynda L. Glass as POA for F Elsner, III	rank		11/16/20)15				
<u>**</u> Signature of Reporting Persor	1		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.