County Band	corp, Inc.										
Form 4											
February 02,	2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	LOUNI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check this box								Expires:	January 31,		
if no longer subject to STATEMENT OF CHA				GES IN I	BENEF	ICIA	LOW	NERSHIP OF		2005	
Section 16.				SECURITIES					Estimated a burden hou	-	
Form 4 or							response	0.5			
Form 5	Filed p	oursuant to	Section 1	6(a) of the	e Securit	ties E	xchang	e Act of 1934,			
obligation may cont		7(a) of the	Public Ut	ility Hold	ling Con	npany	y Act of	1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compar	iy Ac	t of 194	10			
1(b).											
(Print or Type I	Responses)										
1. Name and A	ddress of Reporti	ng Person *	2 Issuer	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
			Symbol	-				Issuer			
			-	Bancorp.	Inc. IIC	BK1					
(Least)	(First)	(Middle)	County Bancorp, Inc. [ICBK]					(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction					Director 10% Owner			
860 NORTH	H RAPIDS RO	۸D		Month/Day/Year) 2/01/2016				Director 10% Owner X Officer (give title Other (specify			
600 NORTH RALIDS ROAD ()			02/01/20	02/01/2010				below) below)			
								S	ee Remarks		
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check Applicable Line)			
			Filed(Mor	d(Month/Day/Year)							
_X_Form filed by						One Reporting Person More than One Reporting					
MANITOW	OC, WI 54221							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	med	3.	4. Securi	4. Securities Ac		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	ar) Executio	on Date, if Transaction(A) or Disposed of (D)						Form: Direct		
(Instr. 3)		any Marsth (Code (Instr. 3, 4 and 5)				5)	Beneficially	(D) or Beneficial		
		(Month/	Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(Institution)	(mouter)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	00/01/0010						\$	00.042	D		
Stock	02/01/2016			М	1,943	А	17.15	22,043	D		
Common											
Stock								19,000	Ι	By Spouse	
STOCK											

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.

Edgar Filing: County Bancorp, Inc. - Form 4

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 17.15	02/01/2016		М	1,943	01/22/2016	01/21/2025	Common Stock	1,943

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
MILLER MARK ANDREW 860 NORTH RAPIDS ROAD MANITOWOC, WI 54221			See Remarks				
0:							

Signatures

/s/ Mark A. 02/02/2016 Miller **Signature of Date

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).

Remarks:

VP, Secretary, Chief Risk Officer

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.