Edgar Filing: MSB FINANCIAL CORP. - Form 4

	ICIAL CORP.											
Form 4												
September 0	6, 2007											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMERION	OMB APPROVAL			
	UNITEL	SIAIES		hington,			NGE C	ONIVIIVIISSION	OMB Number:	3235-0287		
Check thi	is box		vv as	anngton,	D.C. 20	347				January 31,		
if no long	GES IN I	BENEF		LOW	NERSHIP OF	Expires: 20						
subject to Section 1					ITIES				Estimated a	0		
Form 4 or									burden hour response	0.5		
Form 5	Filed pu	irsuant to Se	ection 10	6(a) of the	e Securit	ies E	xchange	e Act of 1934,				
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
See Instru		30(h) c	of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type F	Desponses)											
(I find of Type F	(esponses)											
1. Name and A	ddress of Reporting	g Person [*]	2 Issuer	Name and	Ticker or	Tradiı	ıσ	5. Relationship of	Reporting Pers	on(s) to		
MCCAIN T			Symbol	r Name and Ticker or Trading				Issuer				
				NANCIA	L CORI	Р. [M	SBF]					
(Last)	(First)	(Middle)	3 Date of	Earliest Tra	ansaction	L	-	(Checl	k all applicable)		
			Day/Year)				_X_ Director 10% Owner					
1902 LONG HILL ROAD 09/05/20			•				Officer (give titleOther (specify					
			endment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Mon				th/Day/Year))			Applicable Line) _X_ Form filed by One Reporting Person				
MILLINGT					Form filed by M	Form filed by More than One Reporting						
								Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	te 2A. Deem	on Date, if Transaction(A) or Disposed of (D)					5. Amount of	6. Ownership Form: Direct	Indirect		
Security	(Month/Day/Year							Securities				
(Instr. 3)	•	av/Year)	· · · · · · · · · · · · · · · · · · ·			5)	•	· /				
		(110111112)		(11154110)				Following	(Instr. 4)	(Instr. 4)		
						(A)						
						or		· · ·				
C				Code V	Amount	(D)	Price	(insure and i)				
	09/05/2007			Р	900	А		18,336	Ι	IRA		
STOCK							10.48					
MILLINGT (City) 1.Title of	(Street) ON, NJ 07946 (State) 2. Transaction Da (Month/Day/Year	(Zip) te 2A. Deemo	09/05/20 4. If Amer Filed(Mon Table ed Date, if	ndment, Da th/Day/Year) e I - Non-D 3. Transactio Code (Instr. 8) Code V	erivative 4. Securi on(A) or Di (Instr. 3, Amount	Secur ties Ad spose 4 and (A) or (D)	cquired d of (D) 5)	 Officer (give below) Individual or Jo Applicable Line) X_ Form filed by O Form filed by M Person uired, Disposed of Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	titleOthe below) ont/Group Filin One Reporting Pe fore than One Re c, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	r (specify g(Check rson porting ly Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)		

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)	4. Transact Code (Instr. 8)	of		Expiration Date (Month/Day/Year) e		Amou Unde Secur	le and unt of rlying tities (. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh			
L O	Director	10% Owner	Officer	Other	
MCCAIN THOMAS G 1902 LONG HILL ROAD MILLINGTON, NJ 07946	Х				
Signatures					
/s/Thomas G. McCain by: Mic	hael A. Sl	nriner, Powe	r of Atto	rney for Reporting	00/06/20

Person

**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).

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.

09/06/2007

Date