Edgar Filing: CNB FINANCIAL CORP/PA - Form 4

| CNB FINAN Form 4 August 24, 20 | CIAL CORP/PA)09 | | | | | | | | | | |
|---|-----------------------------|-------------|---|---|--|------------------|--------|---|--|---|--|
| FORM | 1 | | | | | | | | | PPROVAL | |
| | UNITED | STATES | | ITIES A hington, | | | GE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this box | | | | CHANGES IN BENEFICIAL OWNERSHIP C SECURITIES | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | $\frac{1}{1}$ Section 17(a) | a) of the P | Public Ut | | ing Com | pany / | Act of | ge Act of 1934, f 1935 or Section 40 | n | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| FALGER WILLIAM F Symbol CNB F | | | Symbol | Name and | | - | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | CNB FINANCIAL CORP/PA [CCNE] | | | | | (Check all applicable) | | | |
| (1 | | | 3. Date of Earliest Transaction(Month/Day/Year)08/24/2009 | | | | | Director 10% Owner X Officer (give title Other (specify below) President and CEO | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CLEARFIEI | LD, PA 16830 | | | | | | | Form filed by M Person | fore than One R | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecuriti | es Acc | quired, Disposed of | , or Beneficia | lly Owned | |
| (Instr. 3) any | | Execution | | | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | Amount | (A) or (D) | | Transaction(s) (Instr. 3 and 4) | | | |
| common stock | | | | | | | | 16,304.6 | D | | |
| | | | 2 | | | | | | | | |

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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | tionof Derivative Ex Securities (N | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Pr Deri Secu (Inst |
|---|---|---|--|---------------------------------------|-------|--|--------------------|---|----------------------------------|--------------------------------|
| | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| option to buy | \$ 16.626 | 08/14/2009 | Х | , | 2,700 | <u>(1)</u> | (1) | common stock | 67,450 | \$ 1 |
| phantom stock | (1) | | | | | <u>(1)</u> | (1) | phantom stock | 7,893.99 | |

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Reporting Owners

| Reporting Owner Name / Addre | Relationships | | | | | | | |
|--|---------------|-----------|-------------------|-------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| FALGER WILLIAM F 112 LATIMER ST CLEARFIELD, PA 16830 | | | President and CEO | | | | | |
| Signatures | | | | | | | | |
| William F. Falger | 08/24/2009 | | | | | | | |

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) n/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.