Turiano Vincent C. Form 3
December 01, 2009

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

response... 0.5

(Print or Type Responses)

1. Name and Ao Turiano V	_	orting Person *	2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol CNB FINANCIAL CORP/PA [CCNE]						
(Last)	(First)	(Middle)	(Month/Day/Year) 11/30/2009	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
2 EVERGRE	EEN RD			` ,			Tired(World Buy, Tear)			
	(Street)			(Check all applicable)		le)	6. Individual or Joint/Group			
HOLLIDAYSBURG, PA 16648			_X_ Officer (give title below)			10% Filing(Check Applica OwnerOther Person (specify below) ice President Reporting Person				
(City)	ity) (State) (Zip) <b>Table I - Non-Derivative Securities Beneficially Owned</b>									
1.Title of Security (Instr. 4)			2. Amount of Beneficially ( (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	*			
Common Sto	ock		0		D	Â				
Reminder: Repo		te line for each	class of securities beneficia	ally S	EC 1473 (7-0	2)				
Ţ	Persor inform require	ation contained to respond	nd to the collection of ed in this form are not unless the form displa control number.	ys a						

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect	

(I) (Instr. 5)

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Turiano Vincent C.

2 EVERGREEN RD Â Â Senior Vice President Â

HOLLIDAYSBURG, PAÂ 16648

#### **Signatures**

Vincent C. 11/30/2009

\*\*Signature of Date Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

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.

Reporting Owners 2

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