Edgar Filing: HOUSEL DAVID E - Form 4

| HOUSEL DA Form 4 | AVID E | | | | | | | | | | |
|---|---|---|--|--|-----------------------------------|--------|------------|---|--|---|--|
| April 01, 201 | 0 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB | 9PROVAL 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. Filed pur Section 17(| suant to Se a) of the Pu | Washington, D.C. 20549 OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section) of the Investment Company Act of 1940 | | | | | | Number: Expires: Estimated a burden hou response | irs per | |
| (Print or Type F | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol AUBURN NATIONAL BANCORPORATION INC [AUBN] | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 1970 CANA | | (] | 3. Date of Month/D)3/30/20 | - | ansaction | | | _X_ Director Officer (give below) | | 6 Owner er (specify | |
| | | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| AUBURN, A | AL 36832-6902 | | | | | | | Person | More than One Ke | eportung | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ities Ac | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Data (Month/Day/Year) | 2A. Deeme Execution I any (Month/Day | Date, if | 3. Transactio Code (Instr. 8) Code V | n(A) or Di (D) (Instr. 3, 4 | sposed | d of | 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) | |
| common stock | 03/30/2010 | | | Р | 32 | A | \$ 20.5 | 3,284 <u>(1)</u> | 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addres | s | Relationships | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|
| hepotong o thirt I tamo / I tamo | | 10% Owner | Officer | Other | | | | |
| HOUSEL DAVID E 1970 CANARY DRIVE AUBURN, AL 36832-6902 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /S/ DAVID E HOUSEL | 04/01/2010 | | | | | | | |
| <u>**</u> Signature of Reporting Person | 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).

(1) 1st qt '10 drip/ocp

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.