

FIRST NORTHERN COMMUNITY BANCORP
 Form 4/A
 November 13, 2007

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 WALKER LOUISE A

2. Issuer Name and Ticker or Trading Symbol
 FIRST NORTHERN COMMUNITY BANCORP [FNRN]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 P.O. BOX 547, 195 N. FIRST STREET
 (Street)

3. Date of Earliest Transaction
 (Month/Day/Year)
 11/13/2007

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 SEVP/CFO

VACAVILLE, CA 95620

4. If Amendment, Date Original Filed(Month/Day/Year)
 11/13/2007

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D)	Price		
				Code V	Amount		
Common Stock	11/13/2007		J ⁽¹⁾	D	\$ 18 <u>(4)</u>	23,471 <u>(4)</u>	D
Common Stock	11/13/2007		G ⁽²⁾	A	\$ 18 <u>(4)</u>	24,658 <u>(4)</u>	D
Common Stock	11/13/2007		G ⁽²⁾	A	\$ 18 <u>(4)</u>	24,791 <u>(4)</u>	D
Common Stock	11/13/2007		G ⁽³⁾	A	\$ 18 <u>(4)</u>	24,861 <u>(4)</u>	D
Common Stock						68,364	I One of three

Trustees of
First
Northern
Bank of
Dixon
Profit
Sharing
Plan

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.

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of 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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned (Instr. 3)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WALKER LOUISE A P.O. BOX 547 195 N. FIRST STREET VACAVILLE, CA 95620			SEVP/CFO	

Signatures

Lynn Campbell, AVP/Corporate Secretary w/POA 11/13/2007

__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) Shares were given as gifts to two sons and one nephew.

(2) Shares were received as gifts from parents, with Louise Walker as Custodian of this UTMA Account.

(3) Shares were received as a gift from Louise Walker who is also the Custodian of this UTMA Account.

(4) Amended totals--Original Form 4 totals did not include all Direct Ownership shares and price was \$18.00 per share.

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.