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BARNITZ Form 4												
May 12, 20	ЛЛ	STATES			AND EXC n, D.C. 205		IGE CON	MISSION	OMB AP OMB	PROVAL 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				NGES II SECU 16(a) of	Number: Expires: Estimated av burden hours response	urs per						
(Print or Type	e Responses)											
1. Name and BARNITZ	Address of Reporting Z ANNA P	g Person <u>*</u>	Symbol	VALLE	nd Ticker or T Y BANC C	-	Iss	Relationship of R uer (Check	Reporting Perso all applicable)			
(Month/				Date of Earliest TransactionX. Ionth/Day/Year)					Officer (give title Other (specify			
GALLIDO	(Street) DLIS, OH 45631-0	0240		nendment, lonth/Day/Y	Date Original ear)		Ap _X	Individual or Joir plicable Line) _ Form filed by On _ Form filed by Mo	e Reporting Per	son		
(City)	(State)	(Zip)	Та	bla I Nor	Dovivativa S	oonnit		son ed, Disposed of,	or Ponoficially	v Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	-	d Date, if	3.	4. Securities orDisposed of (Instr. 3, 4 ar	Acqui (D)	-	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares	05/10/2011			Code V J	Amount 22.6287 (1)	(D) A	Price \$ 19.8164	(Instr. 3 and 4) 2,157.939	D			
Common Shares	05/10/2011			J	151.3898 (2)	A	\$ 19.8164	2,309.3288	D			
Common Shares	05/10/2011			J	0.2453 <u>(1)</u>	A	\$ 19.8164	23.3839	Ι	Custodian For Daughter		
Common Shares	05/10/2011			J	0.2453 <u>(1)</u>	A	\$ 19.8164	23.3839	Ι	Custodian For Son (hmb)		
	05/10/2011			J	0.2453 (1)	А		23.3839	Ι			

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Common	\$	Custodian
Shares	19.8164	For Son
		(bab)

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BARNITZ ANNA P 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 45631-0240	Х							
Signatures								
/s/ Deborah A. Carhart - Power of Attorney	of 05/12/2011							
**Signature of Reporting Person		D	ate					

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) Acquisition under Ohio Valley Banc Corp. Dividend Reinvestment Plan.

(2) Acquisition under Ohio Valley Banc Corp. Dividend Reinvestment Plan with voluntary additional contribution pursuant to a Rule 10b5-1 plan adopted by the reporting person.

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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.