## Edgar Filing: WILLIAMS ROGER D - Form 4

WILLIAMS I	ROGER D										
Form 4											
July 29, 2011											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this				0 /					Expires:	January 31,	
if no longe subject to	er STAT	EMENT O	F CHAN	GES IN B	BENEFI	CIA	LOW	<b>NERSHIP OF</b>		2005	
Section 16	<b>5</b> .			SECURITIES					Estimated average burden hours per		
Form 4 or									response 0.5		
Form 5	Filed J	pursuant to S	Section 16	6(a) of the	Securiti	es Ez	xchang	ge Act of 1934,			
obligation may conti				•	•	- ·		f 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment (	Company	y Act	of 19	40			
1(b).											
(Drint on Type D											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person       2. Issuer Name and Ticker or Trading       5. Relationship of							f Reporting Per	son(s) to			
WILLIAMS ROGER D Symbol				Ivanic anu		raum	B	Issuer			
				HIO VALLEY BANC CORP							
	[OVBC]					(Check all applicable)					
(Last)	(First)	(Middle)	3 Date of	Farliest Tra	insaction			X Director	109	6 Owner	
(Me				<ol> <li>Date of Earliest Transaction</li> <li>(Month/Day/Year)</li> </ol>				Officer (give title Other (specify			
			07/29/2011					below)	below)		
	(Street)				o Original			6 Individual or I	oint/Group Fili	ng(Chaolr	
· · · ·				ndment, Dat th/Day/Year)	e Original			6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 neu(mon	ul/Day/Teal)				_X_ Form filed by	One Reporting Po	erson	
GALLIPOLI	S, OH 45631	-0240						Form filed by I Person	More than One R	eporting	
		(7:)						reison			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	med	3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Y		on Date, if	TransactionAcquired (A) or				Securities		Indirect Beneficial Ownership	
(Instr. 3)		any (Month/	Day/Year)	(Instr. 8)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially Owned	(D) or Indirect (I)		
		(Wolding				5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(IIISU: 5 and 4)			
Common	07/29/2011			Р	1,000	А	\$ 17	1,843.8272	Ι	By Wife	
Shares					,			,		<i>J</i>	
Common								4 192	T	by Trust	
Shares								4,182	Ι	by Trust	

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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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	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**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
WILLIAMS ROGER D 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 45631-0240	Х						
Signatures							
/s/ Deborah A. Carhart - Power of Attorney	of	07/2	9/2011				
**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).

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.