BOSTIC SUE A Form 5

February 09, 2006

OMB APPROVAL FORM 5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

3235-0362

January 31,

2005

1.0

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Form 4 Transactions Reported

Reported

1(b).

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **BOSTIC SUE A** Symbol OHIO VALLEY BANC CORP (Check all applicable) [OVBC] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner _X__ Officer (give title Other (specify (Month/Day/Year) below) below) 12/31/2005 VP - OVBC 420 3RD AVE., P.O. BOX 240 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) GALLIPOLIS, OHÂ 45631-0240 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting

		Person									
(City)	(State) 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 A Disposed of (D (Instr. 3, 4 and)	d (A) or	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock - w/Husband	Â	Â	Â	Â	Â	Â	5,728.3141	D	Â		
Common Stock	12/31/2005	Â	<u>J(1)</u>	1,358.4446	A	\$ 25.275	5,294.3815	I	By ESOP		
Common Stock	Â	Â	Â	Â	Â	Â	5.0318	I	By SAB c/f AEB		
Common	Â	Â	Â	Â	Â	Â	83.6338	I	By SAB		

Stock									c/f CMB
Common Stock	Â	Â	Â	Â	Â	Â	119.2041	I	By SAB c/f KEB
Common Stock	Â	Â	Â	Â	Â	Â	85.4212	I	By SAB c/f KLB
Common Stock	Â	Â	Â	Â	Â	Â	70.2927	I	By SAB c/f MHB
Common Stock	Â	Â	Â	Â	Â	Â	202.7519	I	By SAB c/f SEB
Reminder: Rep	oort on a separate line	Persons w	i.	SEC 2270					

securities beneficially owned directly or indirectly.

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(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)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

**Signature of Reporting Person

Attorney

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BOSTIC SUE A 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 45631-0240	Â	Â	VP - OVBC	Â			
Signatures							
Deborah A. Carhart - Power of		02/09/2006					

2 Reporting Owners

Date

Edgar Filing: BOSTIC SUE A - Form 5

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) Employer allocation to an Employee Stock Ownership Plan (ESOP).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.