Edgar Filing: VOYLES MICHAEL J - Form 4

VOYLES MIC	CHAEL J										
Form 4											
March 18, 200)5										
FORM	4 UNITED S	гатес се	CUDI	TIFC A				OMMISSION		PROVAL	
-	UNITED S				D.C. 2054		EU	JW11011551011	OMB Number:	3235-0287	
Check this			••• u si						Expires:	January 31,	
subject to STATEMENT OF CHANGES IN BENE						IAL (OWN	ERSHIP OF		2005	
Section 16.									Estimated average burden hours per		
Form 4 or Form 5		~ ·			~				response	0.5	
obligations	-			· /			0	Act of 1934,			
may contin	ue. Section 17(a)			•	Company A			935 or Section	l		
See Instruc 1(b).	tion	50(II) 01 ti					1740				
(Print or Type Re	sponses)										
1 Nome and Ad	duces of Deporting De	* *					5	Deletionship of l	Donorting Doro	an(a) to	
1. Name and Address of Reporting Person *2. Issuer NarVOYLES MICHAEL JSymbol					Ticker or Tra	iding		5. Relationship of Reporting Person(s) to Issuer			
, o i blo intennicli j				N AMER	RICAN BA	NCC	RP				
			ABC]					(Check	all applicable)	
(Last)	(First) (Mi	ddle) 3. D	ate of E	Earliest Tra	nsaction		_	_X_ Director	10%	Owner	
		(Mo	nth/Day	y/Year)			_ h	Officer (give t	itle Othe below)	r (specify	
624 SOUTH	HICKORY LAN	E 03/	15/200	05			U	(ci0w)	below)		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			d(Month	n/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
PETERSBUR	C IN 47567						-	_X_ Form filed by O			
TETERSDUK	C, IN 47507						F	Person			
(City)	(State) (Z	(ip)	Table	I - Non-De	erivative Sec	urities	s Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	· · · · · · · · · · · · · · · · · · ·					5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Da						Securities Beneficially	Ownership Form:	Indirect Beneficial	
(IIIsu. 5)		any (Month/Day/	Year)	Code (Instr. 8)	(IIISU: 5, 4	and 3)		Owned	Direct (D)	Ownership	
								Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	× /		
COMMON	02/15/2005	02/17/200	~				\$	59,003.829	D		
STOCK	03/15/2005	03/17/200	5	Р	32.0513	А	15.6	(1) (2)	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)

3. Transaction Date 3A. Deemed

any

(Month/Day/Year)

		(Inst 4, an					
Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

5.

of

Derivative

Securities

Acquired

Disposed

(A) or

of (D)

TransactionNumber

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

7. Title and

Amount of

Underlying

(Instr. 3 and 4)

Securities

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

Bene

Own

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Repo

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(Insti

Reporting Owners

1. Title of

Security

(Instr. 3)

2.

or Exercise

Derivative

Price of

Security

Derivative Conversion

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
VOYLES MICHAEL J 624 SOUTH HICKORY LANE PETERSBURG, IN 47567	Х							
Signatures								
Mark A Schroeder POA for Mich Voyles	hael J 03/18/200							
<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) Includes shares acquired pursuant to German American Bancorp's Dividend Reinvestment Plan
- (2) Column 5 includes 35,461 shares held by a Generation Skipping Trust of which Mr. Voyles is the trustee

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.

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Execution Date, if

(Month/Day/Year)

4.

Code

(Instr. 8)