Edgar Filing: BANCORP RHODE ISLAND INC - Form 4

BANCORP R Form 4 May 04, 2006	RHODE ISLAN	ND INC									
FORM	Л								OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5	er STATE 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (SECURITIES							Expires: January 3 200 Estimated average burden hours per response 0		
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)										
CHACE MALCOLM G Symbol				er Name and Ticker or Trading ORP RHODE ISLAND INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[BARI]	ARI]							
(Month/			(Month/E					X Director Officer (give below)	LX10% Owner e titleOther (specify below)		
WASHINGTON PLZ, 4TH FL											
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PROVIDENCE, RI 02903 — Form filed by More than One Reporting Person							porting				
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficiall	ly Owned	
	Security (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			of (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)	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)		Saa	
Common Stock	05/02/2006			S	10,000	D	\$ 34.44	499,955	Ι	See footnote	
										(1)	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CHACE MALCOLM G ONE PROVIDENCE WASHINGTON PLZ 4TH FL PROVIDENCE, RI 02903	Х	Х					
Signatures							
Margaret D. Farrell (Attorney-in-fact for Mal Chace)		05/04/2006					
<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).

The reporting person beneficially owns 499,955 shares of the issuer's common stock of which (i) 96,974 shares are held by a trust of which the reporting person is trustee and beneficiary, (ii) 294,283 shares are held by a trust of which the reporting person's spouse is

(1) trustee and the reporting person is beneficiary, (iii) 54,198 shares are held by a trust of which the reporting person is co-trustee and beneficiary, (iv) 50,000 shares are held by a trust of which a member of the reporting person's immediate family is trustee and the reporting person is beneficiary, (v) 4,500 shares are held directly by the reporting person's spouse.

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.