**QNB CORP** Form 3 September 19, 2014

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

**SECURITIES** 

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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 Responses)

1. Name and Address of Reporting Person \* McCracken Janice S

(Last)

(First) (Middle) Statement

(Month/Day/Year)

09/08/2014

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ONB CORP [ONBC]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

POBOX 9005

(Instr. 4)

(Street)

(Check all applicable)

Director 10% Owner \_X\_\_ Officer \_ Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person

EVP/CFO

Form filed by More than One

Reporting Person

**OUAKERTOWN, Â PAÂ 18951** 

(City) (State)

1. Title of Security

(Zip)

2. Amount of Securities

Beneficially Owned (Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect (I)

Table I - Non-Derivative Securities Beneficially Owned

(Instr. 5)

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

2. Date Exercisable and (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** 

4. Conversion or Exercise Price of

5. 6. Nature of Indirect Ownership Form of

Beneficial Ownership (Instr. 5)

Expiration Date

Exercisable Date

Amount or Title Number of Shares

or Indirect (I) (Instr. 5)

1

(Instr. 4)

**Expiration Date** 

(Instr. 4)

Derivative Security

Derivative Security: Direct (D)

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

McCracken Janice S

P O BOX 9005  $\hat{A}$   $\hat{A}$   $\hat{A}$  EVP/CFO  $\hat{A}$ 

QUAKERTOWN, PAÂ 18951

## **Signatures**

Janice S. 09/19/2014 McCracken

\*\*Signature of Date
Reporting Person

## **Explanation of Responses:**

No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.

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