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| Zimmerman | Peter C | | | | | | | | | | |
|--|--|-------------|---|--|-----------|-------|-------------|---|--|-------------|--|
| Form 4 | - | | | | | | | | | | |
| April 30, 200 | | | | | | | | | | | |
| FORM | 14 UNITED S | STATES | SECUR | ITIES A | ND EX(| ъΗγ | NGE C | OMMISSION | | PROVAL | |
| | UNITED | JAILS | | hington, | | | | | OMB Number: | 3235-0287 | |
| Check th | | | | 8, | | | | | Expires: | January 31, | |
| subject to | if no longer subject to Section 16. Form 4 or | | | | | | NERSHIP OF | Expires. 200 Estimated average burden hours per response 0. | | | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns Section 17(a | a) of the F | Public Ut | | ling Con | ipany | y Act of | e Act of 1934, 1935 or Section 0 | · | 0.0 | |
| (Print or Type I | Responses) | | | | | | | | | | |
| Zimmerman Peter C Syr | | | 2. Issuer Name and Ticker or Trading Symbol ORRSTOWN FINANCIAL SERVICES INC [ORRF] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (N | | | | | | | X Director | 10% | Owner | |
| (Month/I | | | (Month/D 04/30/20 | - | | | | Officer (give titleOther (specify below) | | | |
| Filed(Mon | | | | ndment, Date Original hth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| CHAMBER | SBURG, PA 172 | 01 | | | | | | Person | | 1 0 | |
| (City) | (State) (| Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | | Date, if | Code (Instr. 3, 4 and 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Orrstown Financial Services, Inc. | 04/30/2007 | | | Р | 100 | A | \$ 34.95 | 2,350 | D | | |
| Orrstown Financial Services, Inc. | 04/30/2007 | | | Р | 50 | A | \$ 35 | 2,400 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (tractor 2 | | ate | Amou Under Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|------------------------|--|---|---|
| | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------------|--|--|--|--|
| | Director | 10% Owner | Officer Other | | | | |
| Zimmerman Peter C 3256 MUIRFIELD DRIVE CHAMBERSBURG, PA 17201 | Х | | | | | | |
| Signatures | | | | | | | |
| Barbara E. 04/3 | 30/2007 | | | | | | |

Brobst <u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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.