## Edgar Filing: SUSSEX BANCORP - Form 4

SUSSEX BA	ANCORP											
Form 4												
January 24, 2												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check th	is box		vv as	inington,	D.C. 20.	547				January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires:	2005			
-	subject to Section 16. SECURITIES							Estimated burden hou				
Form 4 c	or									response 0.5		
Form 5 obligatio								ge Act of 1934,				
may con				•	•			of 1935 or Section	on			
See Instr	uction	30(h	) of the Inv	vestment	Compan	y Act	t of 19	40				
1(b).												
(Print or Type ]	Responses)											
	Address of Reportin			2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Fusco Steve	•	Symbol				155001						
	SUSSE	SUSSEX BANCORP [SBBX]				(Check all applicable)						
(Last)					<b>D</b>	100						
C/0 SUSSE	X BANK, 200		(Month/D 01/22/20	onth/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
MUNSONHURST ROAD				5172272014				below) below) EVP / Chief Financial Officer				
	(Street)											
		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by Or							One Reporting P	ne Reporting Person				
FRANKLIN, NJ 07460								eporting				
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Table	e I - Non-D			ties Ac	quired, Disposed o		-		
1.Title of Security	2. Transaction D (Month/Day/Yea		emed ion Date, if	3. Transactio	4. Securi		r	5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(Month/Day/Tea	any Execut	Ion Date, n	Code	FransactionAcquired (A) orCodeDisposed of (D)Instr. 8)(Instr. 3, 4 and 5)				(D) or	Beneficial		
		(Month	n/Day/Year)	(Instr. 8)				Owned	Indirect (I)			
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	01/22/2014			А	2,871	А	\$0	37,881	D			
Stock					(1)		ΨŪ	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			
Common								20,722	Ι	by IRA		
Stock								20,722	1	by not		

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.

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships								
	Director	10% Owner	Officer	Other					
Fusco Steven Mark Anthony C/0 SUSSEX BANK 200 MUNSONHURST ROAD FRANKLIN, NJ 07460			EVP / Chief Financial Officer						
Signatures									
Linda Kuipers,	01/24/2014								

## **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) These shares of restricted stock vest in three installments beginning on January 22, 2015.

Date

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.

Attorney-in-Fact

\*\*Signature of Reporting Person