SUMMIT FINANCIAL GROUP INC

Form 4 April 23, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

1(b).

Stock

(Print or Type Responses)

1. Name and A TISSUE RC	Symbol SUMM	2. Issuer Name and Ticker or Trading Symbol SUMMIT FINANCIAL GROUP INC [SMMF]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) PO BOX 18		(Month/	3. Date of Earliest Transaction (Month/Day/Year) 04/23/2007			Director 10% Owner Symbol Owner Other (give title Other (specify below) Senior VP & CFO			
LEWISBUF	(Street) RG, WV 24901	4. If Am	endment, Da onth/Day/Year)	ŭ			6. Individual or Applicable Line) _X_ Form filed by Form filed by	Joint/Group Fili	ng(Check erson
(City)		(Zip) Tab	ole I - Non-D	erivative S	Securi	ities Ac	Person quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. SecurionAcquired Disposed (Instr. 3,	(A) or (A) or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock							11,368	D	
Common Sstock							700	I	by Spouse
Common Stock	04/23/2007(3)		J <u>(4)</u>	426	A	\$ 0	4,019	I	by ESOP

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

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 5.21					02/26/1999(1)	02/26/2013(2)	Common Stock	18,000
Employee Stock Option (Right to buy)	\$ 4.63					02/25/2000(1)	02/25/2014(2)	Common Stock	4,000
Employee Stock Option (Right to Buy)	\$ 5.95					10/26/2002(1)	10/26/2016 <u>(2)</u>	Common Stock	4,000
Employee Stock Option (Right to Buy)	\$ 9.49					12/06/2003(1)	12/06/2017 <u>(2)</u>	Common Stock	4,400
Employee Stock Optin (Right to Buy)	\$ 17.79					12/12/2004(1)	12/12/2018(2)	Common Stock	7,000
Employee Stock Option (Right to Buy)	\$ 25.93					12/06/2005	12/07/2019(2)	Common Stock	8,000

Relationships

Employee Stock

Option Plan \$ 24.44 12/06/2005 12/06/2015 Common Stock 10,000

(Right to Buy)

Reporting Owners

Reporting Owner Name / Address			•	
	Director	10% Owner	Officer	Other
			~ .	

TISSUE ROBERT S Senior
PO BOX 1822 VP &
LEWISBURG, WV 24901 CFO

Signatures

Teresa D. Sherman, Lmtd POA, Attorney-in-Fact 04/23/2007

**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) Option vests in 5 equal annual installments with beginning date indicated.
- (2) Option expires in 5 equal annual installments with the final dated indicated.
- (3) The information reported herein is based on a plan statement dated 12/31/06 received in April 2007.
- (4) Acquired through employer contributions to Summit Financial Group, Inc. Employee Stock Ownership Plan in reliance on old rule 16-a8(g)(3).

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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