INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 <u>*</u> Klinger Robert E			Requiring Statement		3. Issuer Name and Ticker or Trading Symbol MID PENN BANCORP INC [MPB]					
	,	(Middle)	(Month/Day/Year) 08/29/2012		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
105 MISSOURI	DRIVE				(Chaol	le all annliaght	2)			
(S	treet)				(Check all applicable)			6. Individual or Joint/Group		
ELIZABETHVII			X_ Director10% Owner OfficerOther (give title below) (specify below)			Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (S	tate)	(Zip)		Table I - N	on-Deriva	tive Securi	ties Be	neficially Owned		
1.Title of Security (Instr. 4)				2. Amount of S Beneficially Ov (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr. :	•		
Mid Penn Banco	rp, Inc. Co	ommon Sto	ock	2,246		D	Â			
Reminder: Report on owned directly or ind	-	ine for each o	class of secu	rities beneficial	ly SI	EC 1473 (7-02	2)			
Persons who respond to the collect information contained in this form a required to respond unless the form currently valid OMB control number					's a					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

OMB Number:	3235-0104					
Expires:	January 31, 2005					
Estimated average burden hours per response 0.5						

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Klinger Robert E 105 MISSOURI DRIVE ELIZABETHVILLE, PA 17023		ÂX	Â	Â	Â		
Signatures							
Robert E. Klinger	08/29/20	12					
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

* 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.