Edgar Filing: Wright Philip - Form 4

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| Form 4 | | | | | | | | | | | |
|---|---|------|--------|---|-----------------|----------------|--|---|------------------------|---|--|
| | August 05, 2011 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | | |
| Washington, D.C. 20549 | | | | | COMMISSION | OMB Number: | 3235-0287 | | | | |
| Check this if no long subject to Section 16 Form 4 or | STATEMENT OF CHANGES IN BEN | | | | | | | | | January 31, 2005 average rs per 0.5 | |
| Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 R | esponses) | | | | | | | | | | |
| Wright Philip Symbol | | | Symbol | r Name and Ticker or Trading ICAN RIVER | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| BAN | | | | HARES [| AMRB] | | | (Check an applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D 1300 NORTH FITCH MOUNTAIN 08/03/20 ROAD | | | | - | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| HEALDSBU | JRG, CA 95448 | | | | | | | Form filed by M Person | Aore than One Re | porting | |
| (City) | (State) | Zip) | Table | e I - Non-De | erivative S | Securi | ties Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | any | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| Common Stock | 08/03/2011 | | | Code V P | Amount 1,000 | (D) A | Price \$ 5.96 | (Instr. 3 and 4) 61,999 | D | | |

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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| 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) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|------------|---------------|-----------|---------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| Wright Philip 1300 NORTH FITCH MC HEALDSBURG, CA 954 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Philip A. Wright | 08/04/2011 | | | | | | | |
| <u>**</u> Signature of | 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).

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.

Reporting Person