Edgar Filing: LISTA GEORGE - Form 4

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| Form 4 | | | | | | | | | | | | |
|--|--|------------------|-------------------------------------|--|-------------------|--|------------------------|--|---|---|--|--|
| February 23, FORM | Л | | | | | | | | | PPROVAL | | |
| | UNITE |) STATES | | ITIES A hington, | | | ANGE | COMMISSION | OMB Number: | 3235-0287 | | |
| if no long subject to Section 10 Form 4 or Form 5 obligation may conti | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Section 16. Form 5 Section 16. Form 5 Section 16. Form 4 or Section 16. Form 5 Section 16. 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 | | | | | | burden hou response | Estimated average burden hours per response 0.5 | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| LISTA GEORGE Symb | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol SUSSEX BANCORP [SBBX] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) C/O SUSSE2 23 | (First) X BANK, 399 | (Middle) | 3. Date of (Month/Da 02/22/20 | ay/Year) | ransaction | I | | Director X Officer (giv below) | 109 | 6 Owner er (specify | | |
| | | | | nth/Day/Year) Ap | | | | Applicable Line) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| FRANKLIN | , NJ 07416 | | | | | | | Form filed by I Person | More than One R | eporting | | |
| (City) | (State) | (Zip) | Table | I - Non-I | Derivativ | e Secu | rities Ac | quired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executionary | emed on Date, if 'Day/Year) | 3. Transacti Code (Instr. 8) Code V | Dispos (Instr. | ed (A) ed of (3, 4 an (A or | (D) (d 5) | 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 | 02/22/2012 | | | Р | 200 | A | \$ 5.3 | 49,767 | 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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne 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 | | | | |
| LISTA GEORGE C/O SUSSEX BANK 399 ROUTE 23 FRANKLIN, NJ 07416 | | | CEO Tri-State Ins. Agency | | | | | |
| Signatures | | | | | | | | |
| Linda Kuipers, Attorney-in-Fact | 02/ | /23/2012 | | | | | | |
| **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).

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.