

ONSUM OWEN J
Form 4/A
December 05, 2002

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

OMB APPROVAL

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

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1. Name and Address of Reporting Person* Onsum Owen John (Last) (First) (Middle)			2. Issuer Name and Ticker or Trading Symbol First Northern Community Bancorp -- FNRN				6. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director — 10% Owner <input checked="" type="checkbox"/> Officer (give title below) — Other (specify below) President/CEO			
195 N. First Street P.O. Box 547 (Street) Dixon, CA 95620 (City) (State) (Zip)			3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) 568-60-0256		4. Statement for Month/Day/Year 12/04/02		7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 & 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Capital	12/04/02	12/04/02	M ⁽¹⁾		8,431	A	\$11.35	21,151	D	J/T with Spouse
Common Capital	12/04/02		F ⁽²⁾		4,080	D	\$23.45	21,151	D	J/T with Spouse
Common Capital	12/04/02		J ⁽³⁾		3,351	D	\$23.45	21,151	D	J/T with Spouse

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

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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FORM 4 (continued) 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 & 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned	10. Ownership Form of Deriv-	11. Nature of Indirect Beneficial Ownership (Instr. 4)
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	Security	Day/ Year)	(Month/ Day/ Year)	(Instr. 8)	Acquired (A) or Disposed of (D)					Following Reported Transaction(s) (Instr. 4)	ative Security: Direct (D) or Indirect (I) (Instr. 4)		
					(Instr. 3, 4 & 5)		Date Exer-cisable	Expira- tion Date	Title			Amount or Number of Shares	
Common Capital (Stock Options Right to Purchase)	\$11.35	12/04/02	12/04/02	M	8,431		3/06/98	3/06/08	ISO	8,431	\$11.35	D	J/T with Spouse

Explanation of Responses:

(1) CODE M = Stock Options Exercised

(2) CODE F = Swapped 4,080 shares @ \$23.45 to exercise Stock Options of 8,431 shares @ \$11.35 plus check for \$15.85. All swapped shares were Aged Certificates.

(3) CODE J = 3,351 Shares repurchased @ \$23.45 through First Northern Community Bancorp Stock repurchase Plan. Aged Certificates.

By: /s/ **Lynn Campbell**
AVP/Corporate Secretary w/POA

12/05/02
 Date

**Signature of Reporting Person

**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.

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