## Edgar Filing: FIRST NORTHERN COMMUNITY BANCORP - Form 4

#### FIRST NORTHERN COMMUNITY BANCORP

Form 4 April 18, 2007

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

Number: 3235-0287

January 31,

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

obligations

Check this box

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

may continue.

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading ONSUM OWEN J Issuer Symbol FIRST NORTHERN COMMUNITY (Check all applicable) BANCORP [FNRN] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_ Director 10% Owner X\_ Officer (give title Other (specify (Month/Day/Year) below) P.O. BOX 547, 195 N. FIRST 03/30/2007 President/CEO **STREET** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting VACAVILLE, CA 95620 Person

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Deemed 3. 4. Securities Acquir cution Date, if Transaction(A) or Disposed of Code (Instr. 3, 4 and 5)		d of (D)	5. Amount of 6. Securities Ownership Beneficially Form: Direct Owned (D) or Following Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Commo	n		Code V	Amount	. ,	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Stock	03/30/2007		J <u>(1)</u>	130	A	22.75	2,303	D	
Commo Stock	n 03/30/2007		<u>J(1)</u>	5,742	A	\$ 22.75	101,448	D	
Commo Stock	n 03/30/2007		<u>J(1)</u>	3,879	A	\$ 22.75	68,516	I	One of three Trustees of the First

Northern Bank of Dixon

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**Profit** Sharing Plan One of three Trustees of the First Common Northern D \$ 68,506  $J^{(2)}$ 10 04/17/2007 Stock Bank of Dixon **Profit** Sharing Plan.

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.

SEC 1474

(9-02)

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

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)		4. Transacti Code	5. orNumber of	6. Date Exerc Expiration D (Month/Day/	ate	7. Titl Amou		8. Price of Derivative Security	9. Nu Deriv Secur
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e e		Secur	, ,	(Instr. 5)	Bene Own 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			
ONSUM OWEN J P.O. BOX 547 195 N. FIRST STREET VACAVILLE, CA 95620	X		President/CEO				

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# **Signatures**

Lynn Campbell, AVP/Corporate Secretary w/POA

04/18/2007

\*\*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) Annual Dividend as reported in SEC Proxy Filing DEF 14A 2007
- (2) The disposed of shares were given as "That's My Bank Day" awards to five Employees two shares each from First Northern Bank of Dixon Profit Sharing Plan of which he/she is one of three Trustees.

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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