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FIRST NORTHERN COMMUNITY BANCORP

Form 4 May 06, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

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subject to

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * WALKER ROBERT M | | | 2. Issuer Name and Ticker or Trading Symbol FIRST NORTHERN COMMUNITY BANCORP [FNRN] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|--|-------|--|--|--------------------|-------|-------------|---|--|---|--|--|
| (Last) (First) (Middle) P.O. BOX 547, 195 N. FIRST STREET | | | 3. Date of (Month/D | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2005 | | | | | Director 10% Owner Selection to the control of t | | | |
| DIXON, CA | (Street) 4. If Ai Filed(N | | | | ate Origina | ıl | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-D | D erivative | Secur | rities Acq | uired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date any (Month/Day/ | | on Date, if | Date, if Transaction(A) or Disposed of Code (Instr. 3, 4 and 5) Pay/Year) (Instr. 8) (A) or | | | d of (D) | 5. Amount of Securities Ownership India Beneficially Form: Direct Beneficially Owned (D) or Own Following Indirect (I) (Instr. 4) Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock | 05/05/2005 | | | S | 200 | D | \$ 36.5 | 8,857 | D | | | |
| Common Stock | 05/06/2005 | | | J <u>(1)</u> | 8 | D | \$ 35.75 | 39,951 | I | One of three Trustees of First Northern Bank of Dixon Profit | | |

Sharing

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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)

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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 Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (Instr. | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amor Unde Secur | rlying | 8. Price of Derivative Security (Instr. 5) |
|---|---|---|---|---------------------------------|---|---|---------------------|--------------------|-----------------------|--|---|
| | | | | 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

WALKER ROBERT M P.O. BOX 547 195 N. FIRST STREET DIXON, CA 95620

EVP/Commercial, Retail & Trust

Signatures

Lynn Campbell, AVP/Corporate Secretary w/POA

05/06/2005

**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) Shares were given to 2 employees 4 shares each for "Employee Recognition Awards" from First Northern Bank of Dixon Profit Sharing Plan where reporting person 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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