Edgar Filing: AUBURN NATIONAL BANCORPORATION, INC - Form 4

| | NATIONAL BAN | ICORPOI | RATION | N, INC | | | | | | | |
|---|---|-------------|--|---|--|-----------|---|--|--|---|--|
| Form 4 January 08, | 2015 | | | | | | | | | | |
| | ЛЛ | | | | | | | | OMB AF | PROVAL | |
| | | | | | RITIES AND EXCHANGE COMMISS ashington, D.C. 20549 | | | | OMB Number: | 3235-0287 | |
| Section 16. | | | | | | | | | Expires: | January 31, 2005 | |
| | | | | NGES IN BENEFICIAL OWNERSHII SECURITIES | | | | | Estimated average burden hours per | | |
| Form 4 Form 5 | | rsuant to S | Section | 16(a) of 1 | the Secu | ities | Exchange | e Act of 1934, | response | 0.5 | |
| obligati may con <i>See</i> Inst 1(b). | ons ntinue. Section 17(| (a) of the | Public U | Jtility Ho | olding Co | ompar | - | 1935 or Section | 1 | | |
| (Print or Type | Responses) | | | | | | | | | | |
| ANDRUS TERRY W Symbol AUBU BANCU [AUBN (Last) (First) (Middle) 3. Date of (Month/I P. O. BOX 3110 (Street) 4. If Am | | | Symbol AUBU BANC | 2. Issuer Name and Ticker or Trading ymbol AUBURN NATIONAL SANCORPORATION, INC AUBN] Date of Earliest Transaction Month/Day/Year) 1/08/2015 | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector Officer (give title10% Owner Other (specify below) | | | |
| | | | 3. Date of (Month/ | | | | | | | | |
| | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| AUBURN | AL 36831-3110 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non | -Derivativ | e Secu | rities Acqu | uired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | Code (Instr. 8) | 4. Secur oror Dispo (Instr. 3) | (A) or | | 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 | 01/08/2015 | | | Р | 47 | А | \$ 23.4332 | 2,795 | 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addro | ess | Relationships | | | | | | |
|------------------------------|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| ANDRUS TERRY W | | | | | | | | |
| P. O. BOX 3110 | Х | | | | | | | |
| AUBURN, AL 36831-3110 | | | | | | | | |
| Signatures | | | | | | | | |
| Terry W. Andrus | 01/08/2015 | | | | | | | |

<u>**</u>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).

Remarks:

4th qtr 2014 drip/ocp

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.