Anna Gregory A Form 4 September 26, 2011

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person *

1(b).

2. Issuer Name and Ticker or Trading Anna Gregory A Issuer Symbol CITIZENS FINANCIAL SERVICES (Check all applicable) **INC** [CZFS] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_ Officer (give title _ __ Other (specify (Month/Day/Year) below) 93 CHERRY RIDGE DRIVE 09/26/2011 VICE PRESIDENT

(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 Person

MANSFIELD, PA 16933

(City)	(State) (Z	Table	I - Non-De	rivative Sec	urities	s Acqui	red, Disposed of	, 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)	3. Transactic Code (Instr. 8)	4. Securitie or(A) or Disp (Instr. 3, 4)	osed o	of (D)	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 CLASS	09/26/2011		P	20.0004	A	\$ 35	1,704.0621	D	
COMMON CLASS	09/26/2011		P	14.8577	A	\$ 35	2,393.1199	I	BY SPOUSE

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date A		Amou	nt of	Derivative	1
	Security	or Exercise		any	Code	of	(Month/Day/Y	Year)	Under	lying	Security	5
	(Instr. 3)	Price of		(Month/Day/Year)	Day/Year) (Instr. 8) Derivativ		e	Securi	ities	(Instr. 5)]	
		Derivative				Securities			(Instr.	3 and 4)		(
	Security					Acquired	Acquired					J
						(A) or						J
						Disposed						-
						of (D)						(
			(Instr. 3,									
						4, and 5)						
										Amount		
										Amount		
						Date	Expiration		or Namelani			
							Exercisable	Date		Number		
				C 1 W	(A) (D)				of			
					Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Anna Gregory A 93 CHERRY RIDGE DRIVE MANSFIELD, PA 16933

VICE PRESIDENT

Signatures

GINA MARIE BOOR FOR GREGORY J. ANNA UNDER POWER OF ATTORNEY DATED 5/05/2008

09/26/2011

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

**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:

STOCK PURCHASED THROUGH A VOLUNTARY EMPLOYEE STOCK PURCHASE ACCOUNT.

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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