## Edgar Filing: Chappell Robert W - Form 4

Chappell Robe Form 4	ert W											
May 14, 2012												
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB AP OMB Number:	PPROVAL 3235-0287				
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(Print or Type Re	esponses)											
1. Name and Address of Reporting Person <u>*</u> Chappell Robert W			2. Issuer Name <b>and</b> Ticker or Trading Symbol CITIZENS FINANCIAL SERVICES INC [CZFS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) ENTERPRIS OFFICE BO2	E ROAD, POST	liddle)	3. Date of 1 (Month/Da 05/11/20	y/Year)	Insaction		_	X Director Officer (give ti low)		Owner r (specify		
				nth/Day/Year) Ap				Individual or Joint/Group Filing(Check pplicable Line) X_ Form filed by One Reporting Person				
ROME, PA 1	8837							Form filed by Mc				
(City)	(State) (	Zip)	Table	I - Non-De	erivative Sec	curities	Acquir	ed, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)				es Acqu d of (D)	ired (A)	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	05/11/2012			Code V P	54.6748	A	\$ 36.58	3,766.9291	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	and 7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

**Reporting Owner Name / Address** Director 10% Owner Officer Other Chappell Robert W **ENTERPRISE ROAD** Х POST OFFICE BOX 156 ROME, PA 18837 Signatures

Relationships

GINA MARIE BOOR FOR ROBERT W. CHAPPELL UNDER POWER OF ATTORNEY DATED 03/30/2006

\*\*Signature of Reporting Person

## **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 STOCK PURCHASE PROGRAM.

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.

05/14/2012

Date