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CONN MARGARET L Form 4

OH

January 03, 2003 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB A Washington, D.C. 20549 OMB No Expires: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimate hours pe Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) Check this box if no of the Public Utility longer subject to Section Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person* 2. Issuer Name and Ticker 6. Relationship of Reporting Person(s) to Issuer or Trading Symbol (Check all applicable) Conn csbb.ob CSB Bancorp, Margaret Inc. Director L. _10% Owner 4. 3. I.R.S. (Last) Identification Statement Officer (give title below) Number of Reporting for (First) Person, if an entity Month/Day/Year Other (specify below) (Voluntary) (Middle) December Corporate Secretary 31. 2002 105 Mark Avenue (Street) 5. If Almelmedineidta Date John Offician Filing (Ch Month/Day/Year X Form filed by One Reporting Person Killbuck, _Form filed by More than One

44637 (City) (State)				Ta	ble I - Non		ivative Secur or Beneficial	-	red, Disposed of,
(Zip)									
1. Title of Security	2. Transaction	2A. Deemed	3. Tran	sact	ti 4 nSecurit	ies A	cquired5(AA)n	o 6 Daly o 6 See	hipit7esNature of
	Date (Month/	Execution	Code		of (D) (In	str. 3	, 4 and B ene	fi Fiadhy: Obi i	next Indirect
(Inst. 3)		Date, if any	(Instr. 8) Follow (Instr. 8)						
	Day/Year)	(Month/Day/					Trans	sa btitins¢t)(I	
								(Instr. 4)	(Instr. 4)
		Year)					*	. 3 and	
							4)		
			Code	V	Amount	(A)	Price		
						or			
						(D)			
Common Stock							*666.8053	B D	
Common Stock							*15.7756	5 I	By Child

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

Common Stock

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 control number.

TABLE II - Derivative Securities Acquired, Disposed of, or Beneficially Ow

**1,121.0000

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401(k) Plan

				(e.,	g., puts, calls, warrants, options, co	nvertible securities)	
1. Title of	2. Conversion	3. Trans-action	3A. Deemed	4.	5. Numb c: Date Exercisable	7. Title and Amoun	18. Price
Derivative	or Exercise	Date (Month/	Execution	Trans-ac	contractive description Date	of Underlying	Deriva
Security	Price of		Date, if any	Code	Securitie(Month/Day/Yr)	Securities (Instr. 3	Securit
(Instr. 3)	Derivative	Day/Yr)	(Month/	(Instr.	Acquired (A)	and 4)	(Instr.
	Security			8)	or Disposed		
			Day/Yr)		of (D) (Instr.		
					3.		

4 and 5)

^{*}If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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			Code	V (A) (I	D) Date Exer-cisable	Expir-ation Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$16.05	12/31/02	A	300	(1)	12/31/12	Common Stock	
Explanation of	of Responses:	(1) The option is fully ves	sted as fo	ollows:				
Years after th	e Grant Date							
Vested Perce	ntage							
Years after th	e Grant Date							
Vested Perce	ntage							
Less than 1								
0%								
At Least 4 bu	t less than 5							
80%								

At Least 1 but less than 2

At Least 2 but less than 3

At Least 5 but no more than 10

20%

100%

40%

3

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Edgar Filling. Control Will treat the Filling
At Least 3 but less than 4
60%
*Allocated to reporting person s account pursuant to a dividend reinvestment feature of
the CSB Bancorp, Inc. Dividend Reinvestment Plan.
**Allocated to reporting person s account under a plan for The Commercial and Savings Bank
of Millersburg Profit Sharing and 401(k) Savings Retirement Plan.
**Intentional misstatements or omissions of facts constitute Federal Criminal Violations
/s/Margaret L. Conn
January 3, 2003
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)
**Signature of Reporting Person
Date
Margaret L. Conn
Note: File three copies of this Form, one of which must be manually signed. If space is insufficient,
see Instruction 6 for procedure.
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required to respond unless the form displays a currently valid OMB Number.