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MID PENN BANCORP INC Form 3 March 24, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Report Person <u>*</u> Peduzzi Michael D	Statement			3. Issuer Name and Ticker or Trading Symbol MID PENN BANCORP INC [MPB]					
(Last) (First) (N	Middle) 03/21/2016			p of Reporting suer		5. If Amendment, Date Original Filed(Month/Day/Year)			
817 HOUSMAN PLACE (Street) LANCASTER, PA 170	601		Director X Officer (give title below	all applicable) 10% (Other (specify belo P and CFO		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One 			
(City) (State)	(Zip)	Table I - N			es Bei	Reporting Person neficially Owned			
1.Title of Security (Instr. 4)		2. Amount of Beneficially ((Instr. 4)	Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ure of Indirect Beneficial rship			
Mid Penn Bancorp, Inc. C	common Stock	0		D	Â				
informati required	line for each class of sect who respond to the c ion contained in this f to respond unless the valid OMB control no	ollection of form are not e form displa	. 51	EC 1473 (7-02))				
	tive Securities Beneficia		g., puts, calls,	warrants, opt	ions, co	onvertible securities)			

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	1	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships						
		tor 10%	Owner	Officer	Other			
Peduzzi Michael D 817 HOUSMAN PLACE LANCASTER, PA 176	Â 501	Ì	Â	EVP and CFO	Â			
Signatures								
/s/ Michael D. Peduzzi	03/24/20	16						
<u>**</u> Signature of Reporting Person	Date							
Explanation of	Poen	onco	C ·					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.