Edgar Filing: RAMPAGE BRUCE E - Form 4

RAMPAGE I	BRUCE E											
Form 4	• • • • •											
February 19,												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OND	3235-0287				
Check this	s box		vv asi	nington,	D.C. 203	549			Number:	January 31,		
if no long	er	TIMT OF (TEC IN I	DENIFET	CIAI		NERSHIP OF	Expires:	2005		
subject to				SECUR		CIA		NERSHIF OF	Estimated a			
Section 10 Form 4 or				SECUR	IIIES				burden hours per			
Form 5		mant to Sec	tion 16	(a) of the	Securiti	es Fr	rchang	ge Act of 1934,	response	0.5		
obligation	18 Section 17(a)							f 1935 or Section	n			
may conti	nue.			estment (11			
See Instru 1(b).	iction	00(11) 01			compun.	,						
(Print or Type R	(esponses)											
1. Name and Address of Reporting Person * 2. Issuer Na RAMPAGE BRUCE E Symbol HORIZON				Name and	Ticker or 7	Гradin	g	5. Relationship of Reporting Person(s) to				
								Issuer				
				ON BANC	CORP /II	N/ [H	[BNC]	(Check all applicable)				
(Last)	(First) (M	liddle) 3.	Date of I	Earliest Tra	insaction					/		
0255 WEST 625 NORTH (Month/Data) 02/19/20			/Ionth/Da	y/Year)				_X_Director10% Owner				
			2/19/20	09				Officer (give title Other (specify below)				
(Street) 4. If Amer Filed(Mon			If Amen	dment Dat	e Original			6. Individual or Joint/Group Filing(Check				
				h/Day/Year)	-			Applicable Line)				
1 ned(nonin)								_X_ Form filed by One Reporting Person				
LAPORTE,	IN 46350							Form filed by M Person	Iore than One Re	eporting		
		7.)						T CISON				
(City)	(State) (Zip)	Table	I - Non-Do	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.				5. Amount of	6. Ownership			
Security (Month/Day/Year) Execution Date (Instr. 3) any (Month/Day/Ye			Date, if	Transactio		sposed	d of		Form: Direct	Indirect		
			/Year)	Code (Instr. 8)	(D) (Instr. 3, -	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Wondin Duy	$(\operatorname{Hist}, 0) (\operatorname{Hist}, 0) (\operatorname{Hist}, 0, 0)$					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	02/19/2009			А	292	А	\$	4,156	Ι	By Trust		
Stock	02/17/2007			11		11	11.9	.,100	•	D ^j 11050		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	ction 3) 1 2 (1 ((5. tionNumber of) Derivatives Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code `	V ((A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships								
	Director	10% Owner	Officer	Other						
RAMPAGE BRUCE E 0255 WEST 625 NORTH LAPORTE, IN 46350	Х									
Signatures										
/s/ Mark E. Secor	02/19/2009									
<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).

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.