## GILPIN THOMAS T

Form 4

December 10, 2012

December 1	.0, 2012									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION						_	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check the				<b>.</b> .			Expires:	January 31,		
if no lon	- CILVILLIN	MENT O	F CHAI	NGES IN BENEI	FICIAL OV	NERSHIP OF	'	2005		
	subject to Section 16.  SECURITIES							Estimated average burden hours per		
Form 4							response			
Form 5	Filed pur	rsuant to S	Section	16(a) of the Secur	ities Exchan	ge Act of 1934.	Тооролос	,		
obligatio	ons Section 170			Jtility Holding Co		•	on			
may cor See Inst	unue.			nvestment Compa						
1(b).	ruction	()			,					
(Print or Type	Responses)									
	Address of Reporting	Person *	2. Issue	er Name and Ticker o	or Trading	5. Relationship of	of Reporting I	Person(s) to		
GILPIN TH	HOMAS T		Symbol		Issuer					
			EAGLE FINANCIAL SERVICES			(Check all applicable)				
			INC [E	EFSI]	(Check an applicable)					
(Last)	(First) (	Middle)	3. Date of	of Earliest Transaction	1	_X_ Director	1	0% Owner		
			(Month/Day/Year)			Officer (giv		Other (specify		
P. O. BOX	391		12/07/2012			below)	below)			
	(Street)		1 If Am	nendment, Date Origin	na1	6. Individual or J	Ioint/Group F	iling(Check		
	(Silver)			onth/Day/Year)	ıaı	Applicable Line)	omio Group 1	ming(check		
			1 nea(wi	ondin Day/ Tear)	_X_ Form filed by One Reporting Person					
BERRYVI	LLE, VA 22611					Form filed by	More than One	Reporting		
	,					Person				
(City)	(State)	(Zip)	Tak	ble I - Non-Derivativ	e Securities A	equired, Disposed	of, or Benefic	cially Owned		
1.Title of	2. Transaction Date	2A. Deem	ned	3. 4. Securi	ties Acquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transaction(A) or D			Ownership	Indirect		
(Instr. 3)		any		Code (Instr. 3,	4 and 5)		Form:	Beneficial		
		(Month/D	ay/Year)	(Instr. 8)		Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)		
						Reported	(I)	(1115tt. 4)		
					(A)	Transaction(s)	(Instr. 4)			
				Code V Amount	or (D) Price	(Instr. 3 and 4)				
Common				Code v Millount	(D) THEC					

(Instr. 3)	•	any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4 and 5)		Beneficially Owned Following	Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	
Common Stock, \$2.50 Par Value	12/07/2012		P	100	A	\$ 21.75	41,494	D	
Common Stock, \$2.50 Par Value							3,887.457	I	By Spouse
Common Stock, \$2.50 Par Value							34,620	I	Lenoir City Company

## Edgar Filing: GILPIN THOMAS T - Form 4

Common Stock, \$2.50 Par Value	56,672	I	Estate of Kenneth N. Gilpin
Common Stock, \$2.50 Par Value	3,000	I	Clarco Corporation

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.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underly Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
GILPIN THOMAS T P. O. BOX 391 BERRYVILLE, VA 22611	X						

# **Signatures**

Thomas T. Gilpin	12/10/2012				
**Signature of Reporting Person	Date				

Reporting Owners 2

## Edgar Filing: GILPIN THOMAS T - Form 4

# **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.