Edgar Filing: RIEL SUSAN G - Form 4

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RIEL SUSA	N G											
Form 4												
January 27, 2	2010											
										PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check th	Check this box							Expires:	January 31,			
if no long		MENT O	DF CHAN	GES IN	ES IN BENEFICIAL OWNERSHIP OF					2005		
subject to Section 1	5			SECUR					Estimated average			
Form 4 o				Sheen					burden hours per response 0.5			
Form 5		ursuant to	Section 1	6(a) of th	e Securit	ies F	xchang	e Act of 1934,	response	0.5		
obligatio	ns Section 1'			. ,			U	1935 or Section	n			
may cont	linue.) of the In	•	•				u			
See Instru	uction	50(II) of the m	vestment	Compan	ly AC		0				
1(b).												
(Print or Type I	Responses)											
(I mit of Type I	(tesponses)											
1 Name and A	Address of Reportin	o Person *	2 Lagua	r Nama and	Tieker or	Tradi	na	5. Relationship of	Reporting Pers	son(s) to		
RIEL SUSA				2. Issuer Name and Ticker or Trading				Issuer				
	iii o		Symbol									
			EAGLE	GLE BANCORP INC [EGBN]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ransaction							
				Month/Day/Year)			Director		Owner			
			01/21/2	01/21/2010				X_ Officer (give title Other (specify below) below)				
								/	e VP/COO Sub	bank		
			4 If Ame	f Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
				Filed(Month/Day/Year)				Applicable Line)				
			1 nea(mo	illi Duji i cui)			_X_Form filed by C	One Reporting Pe	rson		
MT. AIRY,	MD 21771							Form filed by M	Iore than One Re	porting		
,								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ate 2A Dee	emed	3.	4. Securi	ties A	cauired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		on Date, if		on(A) or Di			Securities	Form: Direct			
(Instr. 3) any				Code (Instr. 3, 4 and 5)				Beneficially	(D) or	Beneficial		
		(Month/	/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or		(Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	, , ,				
Common	01/21/2010			А	9,972	А	\$	32,853	D			
Stock					(1)		10.35					

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	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	Relationships						
	Director	10% Owner	Officer	Other			
RIEL SUSAN G 688 RIDGE ROAD MT. AIRY, MD 21771			Executive VP/COO Subbank				
Signatures							
/s/ Susan G. Riel 0	1/27/2010						
<u>**Signature of</u>	Date						

<u>**</u>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).

(1) Represents award of restricted stock under 2006 Stock Plan.

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.