**ACNB CORP** Form 4 December 18, 2013

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005 Estimated average

**OMB APPROVAL** 

Form 5 obligations may continue.

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

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Potts Daniel W |          | orting Person * | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer                                    |  |  |  |
|--|----------|-----------------|--|---|--|--|--|
|  |          |                 | ACNB CORP [ACNB]                                   | (Check all applicable)  |  |  |  |
| (Last)   | (First)  | (Middle)        | 3. Date of Earliest Transaction                    | ••  |  |  |  |
|  |          |                 | (Month/Day/Year)                                   | X Director 10% Owner  |  |  |  |
| 916 PENLLY   | YN PIKE  |                 | 12/13/2013   | Delow) Officer (give title below) Other (specify below)                             |  |  |  |
|  | (Street) |                 | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check   |  |  |  |
|  |          |                 | Filed(Month/Day/Year)                              | Applicable Line)  |  |  |  |
| AMBLER, P  | A 19002  |                 |  | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |

(State)

(Zip)

(City)

| (City)                               | (State) (Z                              | ip) Table              | I - Non-De         | erivative Sec  | urities A          | cquire | d, Disposed of, o  | r Beneficially                                 | Owned                            |
|--------------------------------------|---|------------------------|--------------------|--|--------------------|--------|--|--|----------------------------------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | Execution Date, if any | Code               | 4. Securities Acquired (A) our Disposed of (D) (Instr. 3, 4 and 5) |                    |        | 5. Amount of Securities Beneficially                                 | 6. Ownership Form:                             | 7. Nature of Indirect Beneficial |
|                                      |   | (Month/Day/Year)       | (Instr. 8)  Code V | Amount   | (A)<br>or<br>(D) I | Price  | Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | Ownership<br>(Instr. 4)          |
| ACNB<br>Corporation<br>Common        | 12/13/2013                              | 12/17/2013(1)          | P                  | 66.2298  | A \$ 1             | 7.93   | 1,569.607 (2)  | D  |                                  |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: ACNB CORP - Form 4

| 1. Title of | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc |            | 7. Title |          | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|------------|----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | onNumber   | Expiration D  | ate        | Amour    |          | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)      | Underl   | ying     | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |            | Securit  | ies      | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |            | (Instr.  | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |               |            |          |          |             | Follo  |
|             | ·           |                     |                    |            | (A) or     |               |            |          |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |            |          |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |            |          |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |            |          |          |             |        |
|             |             |                     |                    |            | 4, and 5)  |               |            |          |          |             |        |
|             |             |                     |                    |            | , )        |               |            |          |          |             |        |
|             |             |                     |                    |            |            |               |            |          | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration |          | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | •          | Title    | Number   |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date       |          | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |            |          | Shares   |             |        |

# **Reporting Owners**

| Reporting Owner Name / Address                         | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
|  | Director      | 10% Owner | Officer | Other |  |  |  |
| Potts Daniel W<br>916 PENLLYN PIKE<br>AMBLER, PA 19002 | X             |           |         |       |  |  |  |

# **Signatures**

/s/ Lynda L. Glass as POA for Daniel W.
Potts
12/18/2013

\*\*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).
- (1) The date of execution was determined in accordance with SEC Rule 16a-3(g)(2) and (g)(4).

The amount of securities beneficially owned includes 4.7540 shares of common stock purchased for the same Transaction Date of (2) December 13, 2013, through the automatic reinvestment of dividends under the ACNB Corporation Dividend Reinvestment and Stock Purchase Plan, which are exempt from the reporting requirements of Section 16 of the Securities Exchange Act of 1934.

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.

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