Edgar Filing: S&T BANCORP INC - Form 4

S&T BANC	CORP INC																				
Form 4	-																				
July 24, 201																					
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMISSION	OMB APPROVAL													
	UT TILD	5111111			n, D.C. 20				OMB Number:	3235-0287											
Check this box if no longer subject to STATEMENT O				U		Expires:	January 31,														
			CHAN			ICIA	ERSHIP OF	Estimated average 200													
Section Form 4		SECURITIES						burden hours per													
Form 5		rsuant to S	ection 1	6(a) of t	he Securi	ties F	Tychange	Act of 1934,	response	0.5											
obligatio	ons Section 17						•	935 or Section													
may con <i>See</i> Inst	iunue.			•	•	-	ct of 1940														
1(b).																					
(Print or Type	Responses)																				
(I fint of Type	(Kesponses)																				
1. Name and Address of Reporting Person <u>*</u> GIBSON JAMES THOMAS			21 ISSuel I fulle und Tiener of Truding					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)													
												(Last)	(First) (Middle)	3. Date of Earliest Transaction						
												200 DITLADEL DITLA CTREET							_X_ Director 10% Owner Officer (give title Other (specify		
800 PHILADELPHIA STREET				07/22/2015 <u>–</u>					below) below)												
(Street)			4. If Amendment, Date Original 6.				6. Individual or Joint/Group Filing(Check														
								Applicable Line) X_Form filed by One Reporting Person													
INDIANA,	PA 15701						-	Form filed by Mo Person													
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqui	ired, Disposed of,	or Beneficiall	y Owned											
1.Title of	2. Transaction Date			3. T			quired (A)	5. Amount of	6.	7. Nature of											
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form:	Indirect Beneficial											
· · · ·		(Month/Day/Year)						Owned	Direct (D)	Ownership											
								Following Reported	or Indirect (I)	(Instr. 4)											
						(A) or		Transaction(s)	(Instr. 4)												
				Code V	Amount	(D)	Price	(Instr. 3 and 4)													
Common Stock	07/22/2015			S	68,700	D	\$ 32.602	2 432,585	D												
Common Stock	07/23/2015			S	6,300	D	\$ 31.9107	426,285	D												
Common Stock								4,125	Ι	Spouse											

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.

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 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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 / Address	Relationships								
	Director	10% Owner	Officer	Other					
GIBSON JAMES THOMAS 800 PHILADELPHIA STREET INDIANA, PA 15701	Х								
Signatures									
/s/ Timothy P. McKee, POA for Gibson	omas	07	7/24/2015						
**Signature of Reporting Po		Date							
Evaluation of Responses:									

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.