## Edgar Filing: THOMAS KIM M - Form 4

THOMACIZINAN

Form 4 December 09,											
FORM	<b>4</b> UNITED S	<b>1</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	r <b>STATEM</b> Filed purs Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							burden hou response	Estimated average burden hours per response 0.5	
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> THOMAS KIM M			2. Issuer Name <b>and</b> Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer			
(Lost)	(First) (M		CITIZENS FIRST CORP [CZFC]					(Check all applicable)			
(Last) (First) (Middle) 1065 ASHLEY STREET			3. Date of Earliest Transaction (Month/Day/Year) 12/09/2011					Director       10% Owner         X Officer (give title       Other (specify below)         below)       below)         EXECUTIVE VICE PRESIDENT			
				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
BOWLING C	GREEN, KY 421	03						Form filed by M Person	More than One Re	eporting	
(City)	(State) (	Zip)	Table	I - Non-De	erivative S	ecurit	ies Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4)	(A) or of (D)	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock								4,003	D		

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Convertible Preferred Stock	\$ 14.06	12/09/2011		Р	2	07/16/2007	12/01/2021 <u>(1)</u>	Common Stock	4,550.7
Stock Option (right to buy)	\$ 12.9251					01/14/2004	01/14/2014	Common Stock	1,653.7
Stock Otion (right to buy)	\$ 13.6508					01/21/2005	01/21/2015	Common Stock	3,748.5
Stock option (right to buy)	\$ 18.819					02/21/2006	02/21/2016	Common Stock	4,095

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
THOMAS KIM M 1065 ASHLEY STREET BOWLING GREEN, KY 42103			EXECUTIVE VICE PRESIDENT			
Signatures						
Kim Harmon, Attorney						
In Fact	12/09/2	2011				

**Explanation of Responses:** 

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

\*\* 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 convertible preferred stock has no expiration date.

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.

\*\*Signature of Reporting Person