## Edgar Filing: SHEETZ STANTON R - Form 4

SHEETZ ST Form 4	ANTON R									
May 21, 201	_									
FORM	UNITED		RITIES A ashington			NGE	COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this box Fypires: Januar										
(Print or Type F	Responses)									
1. Name and Address of Reporting Person *       2. Issuer         SHEETZ STANTON R       Symbol         FNB CO				I Ticker or [FNB]	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of			/Day/Year)	-			(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>Officer (give title</u> Other (specify below) <u>below</u> )			
			nendment, Dav/Yea	endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ALTOONA	, PA 16601						Form filed by M Person			
(City)	(State)	(Zip) Ta	ble I - Non-I	Derivative	Secur	ities Ac	equired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code (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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	05/19/2010		А	2,200	A	\$ 9.17	128,696.7142	D		
Reminder: Rep	ort on a separate line	for each class of se	curities benef	-		-	indirectly.	tion of SI	EC 1474	

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration Date	Amount of	Derivative	Deriv

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	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 / Addres	55	Relationships						
	Director	10% Owner	Officer	Other				
SHEETZ STANTON R 5700 6TH AVENUE ALTOONA, PA 16601	Х							
Signatures								
/s/Staton R. Sheetz	05/21/2010							
**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).

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.