## Edgar Filing: LISTA GEORGE - Form 4

Form 4	KGE											
June 22, 2010	0											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								N OMB	3235-0287			
Check this box Washington, D.C. 20549								Number:	January 31,			
if no long subject to Section 10 Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated burden ho response.	stimated average urden hours per			
obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(a	a) of the P	ublic Ut		ing Com	ipany	Act o	of 1935 or Secti				
(Print or Type R	Responses)											
LISTA GEORGE Symbo				Name and K BANCO			ıg	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M		3. Date of Earliest Transaction					(Check all applicable)				
				ay/Year) )10				Director       10% Owner         Officer (give title      X Other (specify below)         Dres/CEO Tri-State Ins. Agency				
Filed(Mont				ndment, Dat th/Day/Year)	-			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
FRANKLIN	l, NJ 0/416							Person		8		
(City)	(State) (	Zip)	Table	e I - Non-D	erivative S	Secur	ities Ac	quired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock	06/18/2010			Code V P	Amount 1,000	(D) A	Price \$ 5.8	(Instr. 3 and 4) 35,431	D			
Common Stock								450	I	Held In LLC controlled by Mr Lista		

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	9. Nu Deriv Secu 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** 

10% Owner

LISTA GEORGE C/O SUSSEX BANK 399 ROUTE 23

Signatures

FRANKLIN, NJ 07416

Patricia 06/22/2010 Backman

\*\*Signature of Reporting Person Date

Director

## **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.

Officer Other

Relationships

Pres/CEO Tri-State Ins. Agency