

DAVIES JOHN MATTHEW
Form 4
May 29, 2018

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
DAVIES JOHN MATTHEW

2. Issuer Name and Ticker or Trading Symbol
SALISBURY BANCORP INC
[SAL]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
38 MELISSA LANE
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
05/25/2018

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
President of NY Region & CLO

WASHINGTONVILLE, NY 10992
(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	05/25/2018		A	500 A \$ 44.3	500 ⁽¹⁾	D	
Common Stock					500 ⁽²⁾	D	
Common Stock					500 ⁽³⁾	D	
Common Stock					3,675	D	
Common Stock					611 ⁽⁴⁾	I	ESOP

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- (3) Award of restricted stock pursuant to the Issuer's 2011 Long Term Incentive Plan. The shares were granted on 1/19/16, subject to three-year cliff vesting.
- (4) Shares granted pursuant to the Issuer's 2013 Employee Stock Ownership Plan.
- (5) Joint with spouse.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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