Edgar Filing: BAY NATIONAL CORP - Form 4

| BAY NATIO | NAL CORP | | | | | | | | | |
|--|---|--|---|--|------------------------------|---|--|--|-----------|--|
| Form 4 | | | | | | | | | | |
| March 11, 20 | 08 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | PROVAL | |
| CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | | | | Estimated average burden hours per response 0.{ | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | nue. Section 17(a | uant to Section) of the Public 30(h) of the | Utility Hol | ding Con | npan | y Act of | 1935 or Section | 1 | | |
| (Print or Type R | esponses) | | | | | | | | | |
| Moore Robert L Symbol | | | 1 | er Name and Ticker or Trading | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | (Check all applicable) | | | |
| (Month/ 2328 WEST JOPPA RD., STE 325 (Street) 4. If Am | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2008 | | | X Director Officer (give below) | | Owner er (specify | | |
| | | | f Amendment, Date Original d(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| LUTHERVI | LLE, MD 21093 | | | | | | _X_ Form filed by C Form filed by M Person | | | |
| (City) | (State) (| Zip) T | able I - Non-J | Derivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | Code r) (Instr. 8) | 4. Securi ior(A) or D (Instr. 3, | ispose 4 and (A) or | d 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 | 03/03/2008 | | А | 404 <u>(1)</u> | A | \$ 10.25 | 11,654 <u>(2)</u> | 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)

Reporting Owners

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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) | 4. Transacti Code (Instr. 8) | 5. iorNumber of Derivati Securitic Acquire (A) or Dispose of (D) (Instr. 3 4, and 5 | (Month/Day/ ive es ed ed | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|--------------------------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D | 9) Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Kelationships | | | | | | | | |
|---|---------------|-----------|---------|------------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Moore Robert L 2328 WEST JOPPA RD. STE 325 LUTHERVILLE, MD 21093 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| Kristina Johnson as attorney-in Moore | -fact for l | Robert L. | | 03/11/2008 | | | | | |
| <u>**</u> Signature of Reportin | | 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).
- (1) Shares issued in lieu of 2007 director fees.
- (2) Reflects 10% stock dividend effective June 29, 2007.

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.