BOSTIC SUE A Form 4

November 15, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per response...

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

. .

1(b).

(Print or Type Responses)

may continue.

See Instruction

1. Name and Address of Reporting Person * BOSTIC SUE A			2. Issuer Name and Ticker or Trading Symbol OHIO VALLEY BANC CORP [OVBC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 420 3RD AVE	Last) (First) (Middle) 3RD AVE., P.O. BOX 240		3. Date of Earliest Transaction (Month/Day/Year) 11/15/2005	Director 10% Owner Selow)			
GALLIPOLIS	(Street)	0240	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

(City)	(State) (Z	Zip) Table	I - Non	-De	erivative Sec	curitie	s Acquire	ed, Disposed of, o	or Beneficially	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code		nstr. 8)))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	11/15/2005		J <u>(1)</u>	V	0.0318	A	\$ 25.15	5.0318	I	By SAB c/f AEB
Common Stock	11/15/2005		J <u>(1)</u>	V	0.5288	A	\$ 25.15	83.6338	I	By SAB c/f CMB
Common Stock	11/15/2005		J <u>(1)</u>	V	0.7535	A	\$ 25.15	119.2041	I	By SAB c/f KEB
Common Stock	11/15/2005		J <u>(1)</u>	V	0.54	A	\$ 25.15	85.4212	I	By SAB c/f KLB
Common Stock	11/15/2005		J <u>(1)</u>	V	0.4445	A	\$ 25.15	70.2927	I	By SAB c/f MHB

Edgar Filing: BOSTIC SUE A - Form 4

Common Stock	11/15/2005	J(2)	V	69.8318	A	\$ 25.15	202.7519	I	By SAB c/f SEB
Common Stock - w/Husband	11/15/2005	J <u>(1)</u>	V	36.2123	A	\$ 25.15	5,728.3141	D	
Common Stock							3,935.9369	I	By ESOP

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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	of D S6 A (A D of (Iii	umber		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)
				Code	V (4	A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Attorney

Reporting Owner Name / Address	Relationships								
F8	Director	10% Owner	Officer	Other					
BOSTIC SUE A 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 456310240			VP - OVBC						
Signatures									
By: Deborah A. Carhart - Power	r of	11	/15/2005						

**Signature of Reporting Person Date

Reporting Owners 2

Edgar Filing: BOSTIC SUE A - Form 4

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 acquired through OVBC's Dividend Reinvestment Plan (DRIP).
- (2) Shares acquired through OVBC's Dividend Reinvestment Plan (DRIP) and voluntary cash for DRIP.

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.