## Edgar Filing: OHIO VALLEY BANC CORP - Form 4

OHIO VAL Form 4 February 15	LEY BANC COI	RР								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AP OMB Number:	PROVAL 3235-0287		
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimation burder								Expires: Estimated a burden hour response		
<ul> <li>(Print or Type Responses)</li> <li>1. Name and Address of Reporting Person <u>*</u> CHAPMAN STEVEN B</li> </ul>			8				5. Relationship of Reporting Person(s) to Issuer			
			OHIO VALLEY BANC CORP [OVBC]					(Check all applicable)		
(Last) (First) (Middle) 420 3RD AVE., P.O. BOX 240			(Month/Dav/Year) –				X_ Director10% Owner Officer (give title0ther (specify below)below)			
			Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
GALLIPO	LIS, OH 45631-0	240						Form filed by Mo Person	ore than One Rej	porting
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securiti onor Dispose (Instr. 3, 4 Amount	ed 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock - w/Wife	02/15/2006			J <u>(1)</u>	9.5387	А	\$ 25.2999	1,517.8516	D	
Common Stock								110	I	By Wife IRA

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
CHAPMAN STEVEN B 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 45631-0240	X						
Signatures							
Deborah A. Carhart - Power of Attorney	02/15/2006						
**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).

(1) Shares acquired through OVBC's Dividend Reinvestment Plan (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.