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Form 4												
March 21, 20									OMB APF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								MMISSION	OMB Number:	3235-0287		
	Check this box if no longer subject to Section 16. Form 4 or							Expires:	January 31, 2005			
subject to Section 16 Form 4 or							CRSHIP OF	Estimated average burden hours per response 0.8				
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a)	of the P	ublic Uti	lity Hold		any A	ct of 1	Act of 1934, 935 or Section				
(Print or Type Ro	esponses)											
1. Name and Address of Reporting Person <u>*</u> ELSNER FRANK III			2. Issuer Name and Ticker or Trading Symbol ACNB CORP [ACNB]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Mi		3. Date of Earliest Transaction				(Check all applicable)					
894 LAUREL WOODS LANE			(Month/Day/Year) 03/15/2019				_	X_ Director10% Owner Officer (give titleX_ Other (specify below) below) Chairman of the Board				
				onth/Day/Year) Ap				Individual or Joint/Group Filing(Check pplicable Line) K_ Form filed by One Reporting Person				
HANOVER,	PA 17331						P	Form filed by Mo erson	ore than One Repo	orting		
(City)	(State) (Z	iip)	Table	I - Non-De	erivative Sec	curitie	s Acqui	red, Disposed of,	or Beneficially	Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8) (A) or))	Securities Beneficially Owned Following Reported Transaction(s (Instr. 3 and 4	Ownership Form: Direct (D) or Indirect (I)) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
ACNB Corporation Common	03/15/2019	03/20/2	019 <u>(1)</u>	Р	6.7376	A	\$ 37.10	18,848.145	⁶ D			
ACNB Corporation Common	03/15/2019	03/20/2	019 <u>(1)</u>	А	60.6387 (<u>3)</u>	А	\$ 37.10	18,922.083 5 (4)	⁹ D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ELSNER FRANK III 894 LAUREL WOODS LANE HANOVER, PA 17331	Х			Chairman of the Board			
Signatures							
/s/ Lynda L. Glass as POA for F Elsner, III	03/21/2019						
<u>**</u> Signature of Reporting Person	1		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) The date of execution was determined in accordance with SEC Rule 16a-3(g)(2) and (g)(4).

The amount of securities beneficially owned includes 10.114540 shares of common stock purchased for the same Transaction Date of
 (2) March 15, 2019, through the automatic reinvestment of dividends under the ACNB Corporation Dividend Reinvestment and Stock Purchase Plan, which are exempt from the reporting requirements of Section 16 of the Securities Exchange Act of 1934.

(3) The shares represent stock received in lieu of director fees pursuant to a plan.

The amount of securities beneficially owned includes 13.299555 shares of common stock purchased for the same Transaction Date of
 (4) March 15, 2019, through the automatic reinvestment of dividends under the ACNB Corporation Dividend Reinvestment and Stock Purchase Plan, which are exempt from the reporting requirements of Section 16 of the Securities Exchange Act of 1934.

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.