## Edgar Filing: Allyn Louis E II - Form 4

Allyn Louis E Form 4											
May 29, 2009	Л	ED STATES	S SECUR	ITIES A	AND EX	CHA	NGE	COMMISSION		PPROVAL	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er <b>STAT</b> 5. Filed <sup>s</sup> Section	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 20(b) of the Investment Company Act of 1940							Number: Expires: Estimated burden hou response	Number:3235-028Expires:January 31Expires:2009Estimated averageburden hours perresponse0.3	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Allyn Louis E II			2. Issuer Name <b>and</b> Ticker or Trading Symbol SALISBURY BANCORP INC [SAL]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 34 ALLYNDALE ROAD, P. O. BOX 345			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>05/27/2009</li></ul>					_X_ Director    10% Owner      Officer (give title below)    Other (specify below)			
				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
EAST CANA	AAN, CT 060	024-0345						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-l	Derivative	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	<ul> <li>M/Day/Year) Execution Date, if TransactionAcquired (A) or any Code Disposed of (D) Beneficially (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following Reported Transaction(s</li> </ul>			Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock	05/27/2009			А	120	A	\$0	1,601	D <u>(1)</u>		

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)

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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)	3A. Deemed Execution Date, if any (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 Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Add</b>	lress	Relationships						
	Director	10% Owner	Officer	Other				
Allyn Louis E II 34 ALLYNDALE ROAD P. O. BOX 345 EAST CANAAN, CT 06024	X I-0345							
Signatures								
/s/ Louis E. Allyn, II	05/27/2009							

\*\*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).
- Includes shares acquired upon reinvestment of dividends pursuant to Salisbury Bancorp, Inc. Dividend Reinvestment and Stock Purchase (1)Plan.

## **Remarks:**

\*\*\*In accordance with the Directors Stock Retainer Plan of Salisbury Bancorp, Inc. ("The Company"), one hundred twenty (1 shares of the Company's common stock were granted to Louis E. Allyn, II at \$22.50 per share which represents the value of the Company's common stock on May 26, 2009 the last trading day preceding the grant date.

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.