Edgar Filing: SLADES FERRY BANCORP - Form 4

SLADES FERRY BANCORP

Form 4

February 21, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

January 31, 2005

0.5

burden hours per

response...

Estimated average

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

Check this box

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations may continue. See Instruction

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)

1. Name and Address of Reporting Person * **OHEARN SHAUN SR**

2. Issuer Name and Ticker or Trading

Symbol

SLADES FERRY BANCORP [SFBC]

Issuer

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

Officer (give title

10% Owner _ Other (specify

100 SLADES FERRY **AVENUE, PO BOX 390**

> (Street) 4. If Amendment, Date Original

> > Filed(Month/Day/Year)

02/07/2007

6. Individual or Joint/Group Filing(Check

Applicable Line)

_X__ Director

X Form filed by One Reporting Person Form filed by More than One Reporting

SOMERSET, MA 02726

(City)	(State) (Zi	Table	I - Non-De	rivative Se	ecurit	ies Acqui	ired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3,	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Commmon Stock, par value \$.01	02/07/2007		P	1,500	A	\$ 17.85	12,458	I	Trustee/ Business Profit Sharing
Commmon Stock, par value \$.01							6,944	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form

Edgar Filing: SLADES FERRY BANCORP - Form 4

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)

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. Transaction Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Prio Deriv Secur (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy)	\$ 14.15					04/09/2002	04/10/2007	Common Stock (\$.01 par value)	2,000	
Option (right to buy)	\$ 14.59					04/15/2003	04/14/2008	Common Stock (\$.01 par value)	2,000	
Option (right to buy)	\$ 19.25					05/11/2004	05/10/2009	Common Stock (\$.01 par value)	2,000	
Option (right to buy)	\$ 18.85					<u>(1)</u>	05/12/2010	Common Stock (\$.01 par value)	6,000	

Reporting Owners

Reporting Owner Name / Address	Keiationsnips						
	Director	10% Owner	Officer	Other			
OHEARN SHAUN SR 100 SLADES FERRY AVENUE PO BOX 390 SOMERSET, MA 02726	X						

Reporting Owners 2

Deletionships

Edgar Filing: SLADES FERRY BANCORP - Form 4

Signatures

/s/ Cecilia Viveiros for Shaun O'Hearn, Sr. by power of attorney

02/20/2007

**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) 4,000 shares are already vested. 2,000 shares vest day after 2007 annual meeting or special meeting in lieu thereof.

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.

Signatures 3