Edgar Filing: Molendorp Dayton H - Form 4

Molendorp Day	yton H										
Form 4											
January 05, 20	09										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB	3235-0287		
Check this l	hox		Wash	ington, D	.C. 2054	9			Number:		
if no longer							Expires: January				
subject to STATEMENT OF CHANGES IN BEN									Estimated average		
Section 16.			2	SECURIT	URITIES				burden hours per		
Form 4 or Form 5	T21 1	a c				-			response 0.5		
obligations	*						0	Act of 1934,			
may continu	ue. Section 17(a)							1935 or Section	1		
See Instruct	ion	30(h) of 1	the Inve	estment Co	ompany A	Act o	f 194(J			
1(b).											
(Print or Type Res	sponses)										
(Thin of Type Rea	sponses)										
1. Name and Address of Reporting Person [*] _2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to				
Malandan Dartan II			2. Issuer Name and Ticker or Trading Symbol					Issuer			
1	5	•		INANCIA		P IIFC	וי				
(T)							-]	(Check	c all applicable)	
(Last)	(First) (Mi			arliest Tran	saction			V D'	10% 0		
				th/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
C/O IRWIN FINANCIAL CORPORATION, 500			01/02/2009					below) below)			
WASHINGT											
WIGHNOIC											
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				Applicable Line)	pplicable Line) K_ Form filed by One Reporting Person						
COLUMBUS	IN 47201							Form filed by M			
COLUMBUS	, 111 47201							Person			
(City)	(State) (Z	Cip)	Table I	l - Non-Der	ivative Sec	curitie	s Acqu	iired, Disposed of,	, or Beneficiall	ly Owned	
1.Title of	2. Transaction Date			3.				5. Amount of	6.	7. Nature of	
Security		Execution Date, if Transaction			sposed	of	Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Da	Code(D)th/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				5)	Beneficially Owned	Form: Direct Benefic (D) or Owners	Ownership	
			(Insu: 3) (Insu: 3, 4 and 3)				,)	Following	(Instr. 4)		
						(A)		Reported	(Instr. 4)		
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
COMMON	01/02/2009			A <u>(1)</u>	19,083	А	\$0	24,671	D		
STOCK											

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.

 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. Transactio Code (Instr. 8)	5. 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 Owna 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			
Molendorp Dayton H C/O IRWIN FINANCIAL CORPORATION 500 WASHINGTON STREET COLUMBUS, IN 47201	Х						
Signatures							
/s/ Ellen Z. Mufson, Attorney-in-Fact for Day Molendorp	ton H.		01/05/	/2009			

**Signature of Reporting Person

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).
- Shares reported were acquired pursuant to the Irwin Financial Corporation 2001 Stock Plan in lieu of cash payment for services as a (1) director of the Company. The reporting person has direct voting power with respect to the shares reported but no investment power until ownership of the shares vests pursuant to the Plan and certain holding periods set forth in the Plan expire.

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.

Date