Edgar Filing: ADAMS J MICHAEL JR - Form 4

	MICHAEL JR											
Form 4	0.0004											
December 20, 2004										OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMI Washington, D.C. 20549						OMMISSION	OMB OMB Number:	3235-0287				
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue.	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 30(h) of the Investment Company Act of 1940								January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> ADAMS J MICHAEL JR			2. Issuer Name and Ticker or Trading Symbol AMERISERV FINANCIAL INC /PA/ [ASRV]]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (l	Middle)	 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2004 			1	X_ Director10% Owner Officer (give titleOther (specify below)Other (specify					
РА	(Street)	(Street) 4. If Amendment, Date Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by C				int/Group Filing(Check One Reporting Person Iore than One Reporting		
]	Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative Se	curitie	es Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if Tr any Co		 3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)				
Common	12/15/2004	12/20/20)04	Р	334.6457	А	ф 5.08	30,432.9016	D			
Common								57.4977	Ι	By Minor Child		

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)	4. Transactio Code (Instr. 8)	of		Date	7. Tit Amou Under Secur (Instr	int 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

Reporting Owner Name / Address		Relationsh					
I B	Director	10% Owner	Officer	Other			
ADAMS J MICHAEL JR							
	Х						
PA							
Signatures							
Sharon M. Callihan, Attorney-in-Fact	12/20/2004						
**Signature of Reporting Person		Date					
Explanation of Responses:							
		-		(1) × ()			

* 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).

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. ONT-SIZE: 8pt; FONT-FAMILY: Times New Roman">2

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

HARRIS & HARRIS GROUP, INC.

Date: September 27, 2005

By: <u>/s/ Douglas W. Jamison</u> Douglas W. Jamison Chief Financial Officer

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EXHIBIT INDEX

Exhibit No. Description 99 Restated Certificate of Incorporation

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