STOPKO JEFFREY A Form 4 November 13, 2002

U.S. SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

- [] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
- Name and Address of Reporting Person (If the Form is filed by more than one Reporting Person, see Instruction 4(b)(v).

Jeffrey A. Stopko 128 Luna Lane Johnstown, PA 15904-3068

2. Issuer Name and Ticker or Trading Symbol

AmeriServ Financial, Inc. ASRV

- I.R.S. Identification Number of Reporting Person, if an Entity (Voluntary)
- 4. Statement for Month/Day/Year

11/_12_/_02_

5. If Amendment, Date of Original (Month/Day/Year)

____/____/____

- Relationship of Reporting Person to Issuer (Check all applicable)
 - [} Director [] 10% Owner [X] Officer [__] Other (give title below) (specify below) Senior Vice President & CFO
- Individual or Joint/Group Filing (Check applicable line)
 - [X] Form filed by One Reporting Person
 [] Form File by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

REMINDER: Report on a separate page for each class of securities beneficially owned directly or indirectly 1. Title of Security (Instr. 3) Common Stock Transaction Date (Month/Day/Year) 2. __11__/_12_/_02___ 2A. Deemed Execution Date, if any (Month/Day/Year) ____/____/____ 3. Transaction Code (Instr. 8) Code __P___ V ____ 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Amount 1,000 (A) __A_ or (D) ____ Price \$2.58 Amount of Securities Beneficially Owned Following Reported 5. Transaction(s) (Instr. 3 and 4) 5,630.6529 Ownership Form: Direct (D) or Indirect (I) 6. (Instr 4) (I) _____ Nature of Indirect Beneficial Ownership 7. (Instr. 4) 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)

REMINDER: Report on a separate page for each class of

securities beneficially owned directly or indirectly

- 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 (Monty/Day/Year)

____/____/_____

4. Transaction Code
 (Instr. 8)

Code _____ V ____

- Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)
 - (A) _____ (D) _____
- 6. Date Exercisable and Expiration Date (Month/Day/Year)

 Date Exercisable ____/___/

 Expiration Date ____/___/

 Title and Amount of Underlying Securities (Instr. 3 and 4)

Title:

Amount or Number of Shares:

- Price of Derivative Security (Instr. 5)
- Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)
- 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) Direct (D) _____

Indirect (I) _____

11. Nature of Indirect Beneficial Ownership

(Instr. 4)

Explanation of Responses: (1) Recap: Form 4 filed 5/02 4,623.8010 shares +1,000 shares Transaction reported above. + 3.1831 Acquired in 401(k) Plan as of 6/30/02 Qan average price per sh. of \$4.8744 + + 3.6688 Acquired in 401(k) Plan as of 9/30/02 @an average price per sh. of \$3.1868 5,630.6529 shares /s/ Betty L. Jakell___ ____11/13/02_____ **Signature of Reporting Person Date Attorney-in-Fact for Jeffrey A. Stopko * * 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

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 control number.

Instruction 6 for procedure.