### Edgar Filing: SHANNON WALTER C JR - Form 4

SHANNON T	WALTER C JR										
Form 4											
April 28, 200	)5										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB AF	OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31	
if no longer white the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (						NERSHIP OF	200				
subject to STATEMENT OF C Section 16. Form 4 or				SECURITIES					Estimated average burden hours per response 0.!		
Form 5		suant to Se	ction 16	5(a) of the	e Securit	ies F	Exchange	e Act of 1934,	0.0		
obligation	<sup>18</sup> Section $17(s$						•	1935 or Section	n		
may conti <i>See</i> Instru 1(b).	inue.			vestment	•	· ·	•				
1(0).											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> SHANNON WALTER C JR			2. Issuer Name and Ticker or Trading				ng	5. Relationship of Reporting Person(s) to Issuer			
SHANNON		Symbol									
		5	SURY BANCORP INC				(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction			_X_ Director10% Owner					
(Street) 4. If Ame				Day/Year)			Officer (give title Other (specif below) below)				
			04/27/2005								
			. If Amendment, Date Original					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
			Filed(Mon	onth/Day/Year)							
LAKEVILL	E, CT 06039-026	8						Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deer (Month/Day/Year) Execution any (Month/I		Date, if	3. Transactio Code (Instr. 8)	Transaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	04/27/2005			А	120	А	\$ 4,668	3,784	D <u>(1)</u>		
Common Stock								300	D (2)		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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	Relationships							
	Director	10% Owner	Officer	Other				
SHANNON WALTER C JR 29 CANTERBURY LANE LAKEVILLE, CT 06039-0268	Х							
Signatures								
/s/ Walter Charles Shannon Jr.	04/27	/2005						
**Signature of Reporting Person	D	ate						
Explanation of Responses:								

## 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) Self
- (2) Self Pension

#### **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 Walter Charles Shannon, Jr. at \$38.90 per share which represents the value of the Company's common stock on April 26, 2005, 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.