#### EAGLE BANCORP INC

Form 4/A January 23, 2008

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

Check this box if no longer

subject to Section 16. Form 4 or Form 5

obligations

may continue. See Instruction 1(b).

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

(Print or Type Responses)

(Last)

(City)

(Instr. 3)

1. Name and Address of Reporting Person \* ABEL LEONARD L

(First)

11209 POTOMAC CREST DRIVE

(Street)

(State)

(Middle)

(Zip)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

EAGLE BANCORP INC [EGBN]

3. Date of Earliest Transaction

(Month/Day/Year)

01/16/2008

4. If Amendment, Date Original

Filed(Month/Day/Year) 01/18/2008

Officer (give title below) 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

(Check all applicable)

10% Owner Other (specify

Person

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

POTOMAC, MD 20854

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(9-02)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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 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)

1. Title of 3. Transaction Date 3A. Deemed 5. Number 6. Date Exercisable and 4 Derivative Conversion (Month/Day/Year) Execution Date, if Transaction of Derivative Expiration Date Security or Exercise Code Securities (Month/Day/Year) (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired

1

7. Title and Amount

Underlying Securitie

(Instr. 3 and 4)

### Edgar Filing: EAGLE BANCORP INC - Form 4/A

	Derivative Security	(A) or Disposed of (D) (Instr. 3, 4, and 5)			osed of : 3, 4,					
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares	
NonIncentive Options Under 2006 Stock Plan	\$ 13.0543	01/16/2008	J		1,083	01/16/2008	10/15/2018	Common Stock	1,08	
NonIncentive Options Under 2006 Stock Plan	\$ 13.0543	01/16/2008	J		1,083	01/16/2009	01/15/2018	Common Stock	1,08	
NonIncentive Options Under 2006 Stock Plan	\$ 13.0543	01/16/2008	J		1,084	01/16/2010	01/15/2018	Common Stock	1,08	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
ABEL LEONARD L 11209 POTOMAC CREST DRIVE POTOMAC, MD 20854	X						
<u> </u>							

## **Signatures**

/s/ Leonard L.
Abel

\*\*Signature of Reporting Person

O1/23/2008

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).

#### **Remarks:**

Initial filing erroneously reported grant of options to Mr. Abel, who declined the grant. This amendment reverses purported grant. 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.

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