## Edgar Filing: FIRST NORTHERN COMMUNITY BANCORP - Form 4

Form 4	THERN COMMU	UNITY E	BANCOR	2P								
April 21, 200									OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check the			vv ac	inington,	D.C. 20		Expires:	January 31,				
if no longer subject to Section 16. Form 4 or Form 5 obligations Filed pursuant to			Section 1	<b>SECUR</b> 6(a) of th	<b>ITIES</b> e Securit	ies Ex	e Act of 1934,	Estimated a burden hou response	•			
may cont <i>See</i> Instru 1(b).	inue. Section 17(2			vestment	•			1935 or Section 0	1			
(Print or Type I	Responses)											
ONSUM OWEN J Sy: FI			Symbol FIRST I	Name and NORTHE ORP [FNI	ERN CO	-		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)		Earliest Tr	-			XDirector10% Owner						
(Mo			(Month/D 04/19/20	ay/Year)	ansaction			X_ Officer (give title Other (specify below) below) CEO/President/Director				
				ndment, Da hh/Day/Year	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	<b>T</b> .11			G	• • •					
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D(Instr. 3)any (Month/D			ned n Date, if	3. Transactic Code (Instr. 8)	4. Securi	ties Acc sposed	quired of (D)	<b>1. Amount of</b> 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Common Stock	04/19/2005			J <u>(1)</u>	14			39,955	I	One of three trustees of First Northern Bank of Dixon Profit Sharing Plan		
	04/20/2005			J <u>(2)</u>	4 A			39,959	Ι			

Common Stock Reminder: Report on a separate line for Table I	rative Securities Ac	Perso inform requir displa numbo quired, Disp	\$ 32.25 cially owned directly or indirectly. Persons who respond to the collection information contained in this form are r required to respond unless the form displays a currently valid OMB control number. ired, Disposed of, or Beneficially Owned									
(e.g., puts, calls, warrants, options, convertible securities)												
1. Title of 2. 3. Transact   Derivative Conversion (Month/Da   Security or Exercise   (Instr. 3) Price of   Derivative Security   Security Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr		
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Reporting Owners	\$											
Reporting Owner Name / Address			elationships	5	Othe							
ONSUM OWEN J P.O. BOX 547 195 N. FIRST STREET DIXON, CA 95620	Directo		CEO/Pres	sident/Dir		1						
Signatures												
Lynn Campbell, AVP/Corporate Secretary 04/21/2005												
**Signature of Reporting Pe	rson		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).
- (1) Shares were given to 7 employees 2 shares each as "That's My Bank Day" incentives from First Northern Bank of Dixon Profit Sharing Plan where reporting person is one of three trustees.
- (2) Share were incorrectly issued and were returned to First Northern Bank of Dixon Profit Sharing Plan where reporting person is one of three trustees.

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.