## Edgar Filing: VOYLES MICHAEL J - Form 4

VOYLES MI	CHAEL J									
Form 4										
December 13,	, 2007									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
	■ UNITED S					GE CO	MMISSION	OMB	3235-0287	
Chaok this	hov	Was	shington,	D.C. 2054	9			Number:		
if no longe	Check this box if no longer							Expires:	January 31, 2005	
subject to	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average		
Section 16		SECURITIES						burden hours per		
Form 4 or Form 5	Eilad mumo	uant to Section 1	G(a) of the	Comitio	Errol	hongo A	at af 1024	response	0.5	
obligation	<b>^</b>	uant to Section 10 ) of the Public Ut				•				
may contin	nue.	30(h) of the In	•	• •	•					
See Instruct 1(b).	ction	50(II) of the III	vestment	company	Acto	1 1 7 40				
1(0).										
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name and Ticker or Trading 5. Relationship of						Relationship of F	Reporting Person(s) to			
VOYLES M	Symbol	Symbol				Issuer				
	GERMA	GERMAN AMERICAN BANCORP, INC. [GABC]				(Check all applicable)				
	BANCO									
(Last)	(First) (Mi	iddle) 3. Date of	Earliest Tra	insaction			X Director	10% (	Owner	
		(Month/Day/Year)			he	Officer (give title Other (specify below) below)				
624 SOUTH	E 11/15/20	11/15/2007					below)			
	4. If Ame	4. If Amendment, Date Original			6.	6. Individual or Joint/Group Filing(Check				
	Filed(Mon	· · · · · · · · · · · · · · · · · · ·				Applicable Line)				
						_Σ	K_ Form filed by Or Form filed by Mo			
PETERSBUI	RG, IN 47567					Pe	rson	ne than One Rep	orting	
(City)	(State) (Z	Zip) Tabl	e I - Non-Do	erivative Se	curitie	s Acquir	ed, Disposed of,	or Beneficially	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securitie	s Acqu	uired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		oror Dispose		)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and 5)		Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(Woldin Day Tear)	(11150. 0)				Following	or Indirect	(Instr. 4)	
					(A)		Reported	(I)		
					or		Transaction(s)	(Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
COMMON	12/12/2007	11/15/2007	Р	37.6223	А	\$	66,318.9784	D		
STOCK						13.29	(1) $(2)$			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
VOYLES MICHAEL J 624 SOUTH HICKORY LANE PETERSBURG, IN 47567	Х						
Signatures							
Mark A Schroeder POA for Mich Voyles	nael J	J 12/13/2007					
<u>**</u> Signature of Reporting Person			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) Column 5 includes 35,461 shares held by a Generation Skipping Trust of which Mr. Voyles is the trustee
- (2) Includes shares acquired pursuant to German American Bancorp's Dividend Reinvestment Plan

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.