

HORIZON BANCORP /IN/  
Form 4  
December 14, 2016

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

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)

1. Name and Address of Reporting Person \*  
Rose David G

(Last) (First) (Middle)  
527 LISMORE LANE  
(Street)

VALPARAISO, IN 46385

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
HORIZON BANCORP /IN/ [HBNC]

3. Date of Earliest Transaction  
(Month/Day/Year)  
12/14/2016

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
Executive Vice President

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
\_\_\_\_ Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)			
				(A) or (D)	Price					
Common Stock	12/14/2016		S	V	9,750	D	\$ 25.79	2,658	D	
Common Stock	12/14/2016		M	V	9,750	A	\$ 6.61	12,408	D	
Common Stock								2,658 <sup>(1)</sup>	D	
Common Stock								42,249 <sup>(2)</sup>	I	By SERP
Common Stock								123,358 <sup>(3)</sup>	I	By Benefit Plans (ESOP &

Thrift)

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.**

SEC 1474  
(9-02)

**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. Transaction Code (Instr. 8)	5. Number of Derivative Securities (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Employee Stock Option	\$ 6.61	12/14/2016		M	9,750	06/18/2012 <sup>(4)</sup> 06/18/2017	Common Stock	9,750

## Reporting Owners

Reporting Owner Name / Address	Relationships
Rose David G 527 LISMORE LANE VALPARAISO, IN 46385	Director 10% Owner Officer Executive Vice President Other

## Signatures

By: /s/Mark E. Secor, Attorney-in-Fact for David G. Rose 12/14/2016

\*\*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) Adjusted for 886 shares received from 3:2 stock split of 10/31/2016
- (2) Adjusted for 14,083 shares received from 3:2 stock split of 10/31/2016
- (3) Adjusted for 41,119 shares received from 3:2 stock split of 10/31/2016

Edgar Filing: HORIZON BANCORP /IN/ - Form 4

(4) The option was granted 06/18/2012 and vested in five equal installments beginning on the first anniversary of the date of the 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.