HORIZON BANCORP/IN/

Form 4

March 16, 2015

FORM 4

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

OMB Number:

3235-0287

Expires:

OMB APPROVAL

January 31, 2005

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average **SECURITIES**

burden hours per response...

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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

1(b).

(Print or Type Responses)

			2. Issuer Name and Ticker or Trading Symbol HORIZON BANCORP /IN/ [HBNC]				5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First) (I					(Check all applicable)			
(Last)	(1.1181) (1	,	3. Date of Earliest Transaction (Month/Day/Year)				_X_ Director	10%	Owner
`			03/16/2015				${\text{below})} \text{Officer (give title } {\text{below})} \text{Other (specify below)}$		
	(Street) 4. If Amen			endment, Date Original			6. Individual or Joint/Group Filing(Check		
Filed()			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
VALPARAISO, IN 46383									
(City)	(State)	(Zip) Tab	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
(City) 1.Title of	2. Transaction Date	1 40	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of
1.Title of Security	, ,	2A. Deemed Execution Date, if	3. Transactio	4. Securi on(A) or Di	ties A	cquired d of (D)	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
1.Title of	2. Transaction Date	e 2A. Deemed Execution Date, if any	3. Transaction Code	4. Securi	ties A	cquired d of (D)	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
1.Title of Security	2. Transaction Date	2A. Deemed Execution Date, if	3. Transactio	4. Securi on(A) or Di	ties A	cquired d of (D)	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
1.Title of Security	2. Transaction Date	e 2A. Deemed Execution Date, if any	3. Transaction Code	4. Securi on(A) or Di	ties Adispose 4 and	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
1.Title of Security	2. Transaction Date	e 2A. Deemed Execution Date, if any	3. Transaction Code	4. Securi on(A) or Di	ties A	cquired d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership

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 (9-02)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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exercisal Expiration Date		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day/ Teal)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Yea e	ar)	Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Ex Exercisable Da	•	Title Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
VALAVANIS SPERO W 128 JOHNSON DRIVE	X					
VALPARAISO, IN 46383	11					

Signatures

/s/ Mark E. Secor, Attorney-in-Fact 03/16/2015

**Signature of Reporting Person D

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).

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.

Reporting Owners 2