FIRST FINANCIAL BANCORP /OH/ Form 5 February 10, 2016

FORM 5			OMB APPROVAL						
	OMB Number:	3235-0362							
Check this box if no longer subject		Expires:	January 31, 2005						
to Section 16. Form 4 or Form 5 obligations may continue.	ANNUAL S	TATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES	Estimated a burden hour response	verage					
See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions Reported									
1. Name and Address Foster Holly M	of Reporting Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol FIRST FINANCIAL BANCORP /OH/ [FFBC]	Reporting Person(s) to k all applicable)						
	irst) (Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015	Director XOfficer (give below) EVP, Chief		Owner r (specify fficer				
255 EAST FIFTH STREET, SUIT									
(St	areet)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi	nt/Group Reporting					
		······································	(check applicable line)						

CINCINNATI, OHÂ 45202

X Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tab	ole I - Non-De	rivative So	ecurit	ies Acq	uired, Disposed	of, or Benefic	cially 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. Securi Acquired Disposed (Instr. 3, Amount	l (A) of l of (D 4 and (A) or))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	Â	Â	Â	Â	Â	Â	4,153	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	1,974.2159 (1)	Ι	401k
Common Stock	Â	Â	Â	Â	Â	Â	8,906	Ι	Restricted
Common Stock	Â	Â	Â	Â	Â	Â	1,489	Ι	Restricted-P

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 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr.	3 and 4)		B
	Security				Acquired						0
					(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
									Amount		
						Date	Expiration	T .4	or		
						Exercisable	Date	Title	Number		
					(\mathbf{A}) (\mathbf{D})				of		
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
I O	Director	10% Owner	Officer	Other			
Foster Holly M 255 EAST FIFTH STREET SUITE 2900 CINCINNATI, OH 45202	Â	Â	EVP, Chief Compliance Officer	Â			

Signatures

/s/ Billie L. Meents, POA <u>**Signature of Reporting</u> 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) Update per 12/31/15 Statement.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.