## Edgar Filing: FORD CRAIG G - Form 4

| Form 4   |  |                 |  |   |  |                    |   |  |  |           |  |
|--|--|-----------------|--|---|--|--------------------|---|--|--|-----------|--|
| February 16, 20  | 1  |                 | ~~~~~  |   |  |                    |   | ~ ~  | -  | PPROVAL   |  |
|  | UNITEDS  | TATES           |  | ITIES Al<br>hington, l                  |  |                    | NGE (   | COMMISSION   | OMB<br>Number:   | 3235-0287 |  |
| Check this be<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or  | ENT OF   |                 | GES IN I<br>SECURI   |   | CIAI   | NERSHIP OF         | Expires:<br>Estimated a<br>burden hou<br>response | irs per  |  |           |  |
| Form 5<br>obligations<br>may continue<br><i>See</i> Instruction<br>1(b). | Section 17(a   | ) of the H      | Public Uti   |   | ing Com  | pany               | Act o   | ge Act of 1934,<br>f 1935 or Sectio<br>40  | n  |           |  |
| (Print or Type Resp  | oonses)  |                 |  |   |  |                    |   |  |  |           |  |
| 1. Name and Address of Reporting Person <u>*</u><br>FORD CRAIG G         |  |                 | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>AMERISERV FINANCIAL INC |   |  |                    |   | 5. Relationship of Reporting Person(s) to Issuer   |  |           |  |
|  |  |                 | AMERIS<br>/PA/ [AS   |   | NANCIA   | L IN               | С   | (Check all applicable)   |  |           |  |
| (Last)   | (First) (Middle) 3. Date of<br>(Month/Da<br>02/15/20 |                 |  | -                                       | insaction  |                    |   | X_ Director10% Owner<br>Officer (give titleX Other (specify<br>below) below)<br>Non-executive Chairman   |  |           |  |
| СА   | Filed(Mo   |                 |  | endment, Date Original<br>nth/Day/Year) |  |                    |   | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |           |  |
| (City)   | (State) (2   | Zip)            |  |   |  |                    |   | Person   |  |           |  |
|  | . , , ,  |                 |  |   |  |                    | ties Aco  | quired, Disposed of  |  | -         |  |
|  | . Transaction Date<br>Month/Day/Year)                | Executio<br>any | n Date, if<br>Day/Year)  | 3.<br>Transactic<br>Code<br>(Instr. 8)  | 4. Securit<br>onAcquired<br>Disposed<br>(Instr. 3, | l (A) o<br>l of (D | )   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |           |  |
| Preferred 0  | 2/15/2011  |                 |  | Code V<br>P                             | Amount<br>200                                      | or<br>(D)<br>A     | Price<br>\$25                                     | (Instr. 3 and 4)   | D  |           |  |
| Reminder: Report of  | on a separate line f                                 | for each cla    | ass of secur   | ities benefic                           | -  |                    | -   | indirectly.  | tion of s  | EC 1474   |  |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | of    | vative<br>rities<br>ired<br>r<br>osed<br>)<br>2. 3, |                     |                    | Amou<br>Under<br>Secur | rlying                                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|-------|---|---------------------|--------------------|------------------------|--|---|--|
|   |   |   | Code V                                | 7 (A) | (D)   | Date<br>Exercisable | Expiration<br>Date | Title                  | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address          | Relationships |           |         |                        |  |  |  |  |
|---|---------------|-----------|---------|------------------------|--|--|--|--|
|   | Director      | 10% Owner | Officer | Other                  |  |  |  |  |
| FORD CRAIG G                            |               |           |         |                        |  |  |  |  |
|   | Х             |           |         | Non-executive Chairman |  |  |  |  |
| CA                                      |               |           |         |                        |  |  |  |  |
| Signatures                              |               |           |         |                        |  |  |  |  |
| Sharon M. Callihan,<br>Attorney-in-Fact |               | 02/16/201 | 1       |                        |  |  |  |  |
| **Signature of Reporting Person         |               | Date      |         |                        |  |  |  |  |
| Evelopetion of De                       |               |           |         |                        |  |  |  |  |

## **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) Mr. Ford also owns 25,961common shares directly, 2,500 common shares indirectly by spouse, and 4,370 trust preferred shares indirectly by spouse.

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.