

CHOICEONE FINANCIAL SERVICES INC

Form 4

January 28, 2008

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

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

OMB APPROVAL

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(Print or Type Responses)

1. Name and Address of Reporting Person *
PITSCH LINDA R

2. Issuer Name **and** Ticker or Trading
Symbol
**CHOICEONE FINANCIAL
SERVICES INC [(None)]**

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

(Last) (First) (Middle)
**792 STRAWBERRY VALLEY
AVENUE NW**

3. Date of Earliest Transaction
(Month/Day/Year)
01/24/2008

____ Director ____ 10% Owner
☒ Officer (give title below) ____ Other (specify below)
Secretary

(Street)
COMSTOCK PARK, MI 49321

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

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

(City) (State) (Zip)

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. 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 Indirect Beneficial Ownership (Instr. 4)
				(A) or (D) Code V Amount (D) Price			
Common stock					1,895.769 ⁽¹⁾	D	
Common stock					1,336.5759 ⁽²⁾	I	401(k) Plan

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
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(9-02)

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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 Acquired (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)	8. Puts, Calls, Warrants, or Other Derivative Securities (Instr. 3 and 4)
				Code	V	(A)	(D)	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 13.5	01/24/2008		A		375	01/24/2008 01/23/2018	Common 375
Stock Option (Right to Buy)	\$ 13.5	01/24/2008		A		375	01/24/2009 01/23/2018	Common 375
Stock Option (Right to Buy)	\$ 13.5	01/24/2008		A		375	01/24/2010 01/23/2018	Common 375
Stock Option (Right to Buy)	\$ 13.5	01/24/2008		A		375	01/24/2011 01/23/2018	Common 375

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

PITSCH LINDA R
792 STRAWBERRY VALLEY AVENUE NW
COMSTOCK PARK, MI 49321

Secretary

Signatures

/s/ Linda R.
Pitsch

01/24/2008

**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 reflects the acquisition of 222.0983 shares under the ChoiceOne Financial Services, Inc. Employee Stock Purchase Plan and 76.0762 shares from the reinvestment of cash dividends.
- (2) The number of shares in column 5 is the reporting person's best estimate based on a plan statement dated December 31, 2007

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.