Edgar Filing: KUNKLE KIM W - Form 4

| KUNKLE K Form 4 May 05, 200 | | | | | | | | | | | | |
|---|--|---|---|--|------|---------------------------------------|-----------------------------|-----------------------|--|--|---|--|
| • | | | | | | | | | | OMB APPROVAL | | |
| | Washington, D.C. 20549 | | | | | | OMMISSION | OMB Number: | 3235-0287 | | | |
| Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may com <i>See</i> Instr 1(b). | ger 5 16. 5 5 5 5 5 5 5 5 5 5 5 5 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Expires: Estimated a burden hour response | • | |
| (Print or Type] | Responses) | | | | | | | | | | | |
| KUNKLE KIM W Symbo AME | | | Symbol | RISERV FINANCIAL INC | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2005 | | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | | endment, Date Original onth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| PA | | | | | | | | | Form filed by Mo Person | ore than One Re | porting | |
| (City) | (State) | (Zip) | Tab | le I - No | on-D | erivative | Secu | rities Acqu | iired, Disposed of, | or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemo Execution any (Month/Da | Date, if | Code (Instr. | 8) | 4. Securi n(A) or Di (Instr. 3, | spose 4 and (A) or | d of (D) 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) | |
| Common | 05/02/2005 | | | | | Amount 1,111 | (D) A | Price \$ 5.3898 | 24,664.2042 (2) | D | | |

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.

 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 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. Transactio Code (Instr. 8) | of | Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---------|---|--------------------|---|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| KUNKLE KIM W | | | | | | | |
| | Х | | | | | | |
| PA | | | | | | | |
| Signatures | | | | | | | |
| Sharon M. Callihan, Attorney-in-Fact | | 05/05/200 |)5 | | | | |
| <u>**</u> 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) Annual Retainer of \$6,000 payable in shares of Common Stock to each Independent director.
- (2) Mr. Kunkle also holds Indirect 19,202.6953 shares held by Laurel Mgmt. Retirement Plan and 3,000 shares held by Laurel Holdings. In addition Laurel Mgmt. Retirement Plan holds 565 shares of Trust Preferred Securities.

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.