ONSUM OWEN J Form 4 March 04, 2003

FORM 4

_ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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| | | | | | | | | r Trading Symbor Bancorp FN | to Iss | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title below) Other (specify below) | | | | |
|---------------------------------------|---|---|-----------------------------------|----|-------------------------------------|--------------------|---------|---|--------|--|---|--|--|--------------------|
| (Last) (First) (Middle) | | | | | S. Identif orting Pentity (vol | rson, | | 4. Statemen Month/Day 02-27-03 | | | | | | <u>X</u> Of |
| (Street) Dixon, CA 95620 | | | | | 568-6 | 0-02 | 56 | 5. If Amend Date of Orig (Month/Day | ginal | 7. Inc (Che <u>X</u> Fo _ Fo | President/CEO 7. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (State) (Zip) | | | | | Table I | No | n-Deriv | ative Securities | Acquir | | osed of, or Beneficially Owned | | | |
| 1. Title of Security (Instr. 3) | 2. Trans- action Date (Month/ Day/ Year) | Trans- 2A. Deemed 3. Tetion Execution act: ate Date, Co- fonth/ if any (In: ay/ (Month/Day/ Co- | | 8) | 4. Securit (A) or Di (D) (Instr. 3, | spose 4 & 5 (A) or | ed of | | | 6. Owner- ship Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Capital | 02/27/03 | | $\mathbf{J}_{\underline{}}^{(1)}$ | | 36 | (D) D | \$25.00 | , | 34,139 | I | One of three Trustees of FNB Profit Sharing Plan | | | |
| Common Capital | 01/21/03 | | $\mathbf{J}^{(2)}$ | | 40 | D | \$24.00 | | 34,139 | I | One of three Trustees of FNB Profit Sharing Plan | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially **Owned**

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. Conver- | 3. | 3A. | 4. | 5. | 6. Date Exercisable | 7. Title and | 8. Price of | 9. Number of | 10. | 11. Nature |
|-------------|------------|---------|-----------|---------|------------|---------------------|----------------|-------------|--------------|-----------|-------------|
| Derivative | sion or | Trans- | Deemed | Trans- | Number | and Expiration | Amount of | Derivative | Derivative | Owner- | of Indirect |
| Security | Exercise | action | Execution | action | of | Date | Underlying | Security | Securities | ship | Beneficial |
| | Price of | Date | Date, | Code | Derivati | (MeIonth/Day/ | Securities | (Instr. 5) | Beneficially | Form | Ownership |
| (Instr. 3) | Derivative | | if any | | Securition | X ear) | (Instr. 3 & 4) | | Owned | of Deriv- | (Instr. 4) |
| | Security | (Month/ | (Month/ | (Instr. | Acquire | d | | | Following | ative | |
| | | Day/ | Day/ | 8) | (A) or | | | | Reported | Security: | |
| I | I | | I | | | | | | | | |

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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| (ear) | Year) | | (| Disp of (I (Inst 3, 4 |) r. | d | | | , | (D) or Indirect (I) | |
|-------|-------|------|---|--------------------------------|---------|--------------|--|--|---|------------------------------|--|
| | | Code | V | 5) (A) | | Exer-cisable | | Amount or Number of Shares | | (Instr. 4) | |

Explanation of Responses:

(1) CODE J = One of three Trustees of First Northern Bank of Dixon Profit Sharing Plan. The disposed of shares were given to employees as "Employee Recognition Stock".
(2)

By: /s/ Lynn Campbell 02/28/03
AVP/Corporate Secretary w/POA Date

**Signature of Reporting Person

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

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^{**}Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).