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HORIZON B Form 4/A March 22, 20	BANCORP /IN/										
FORM	4 UNITED	STATES					NGE C	OMMISSION	OMB AF OMB	PROVAL 3235-0287	
Check thi	s box		Was	hington,	D.C. 20	549			Number:	January 31,	
if no longer subject to STATEMENT OF CHANGE				CES IN I	RENEEI	CIA	LOW	NERSHIP OF	Expires:	2005	
				SECURITIES					Estimated average burden hours per response 0.		
Form 5 obligatior may conti <i>See</i> Instru 1(b).	Filed put ns Section 170	(a) of the I	Public Ut		ing Con	ipany	y Act of	e Act of 1934, 1935 or Section 0		0.5	
(Print or Type R	Responses)										
1. Name and Address of Reporting Person *2. IssuerAARON SUSAN DSymbol			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
HORIZO				ON BANCORP /IN/ [HBNC]				(Check all applicable)			
(Last) (First) (Middle) 3. Date o 3366 WEST 400 NORTH 02/27/2			-	ansaction			_X_ Director 10% Owner Officer (give title Other (specify below) below)				
Filed(Mon			ndment, Dat th/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line)				
LAPORTE,	017				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Table	e I - Non-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/27/2017			A	751	A	\$ 26.61	37,303 (1) (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)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transac	5. tionNum	ıber	6. Date Exerce Expiration D			le and unt of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise	• •	any	Code	of		(Month/Day/		Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Deri	vative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Secu	irities			(Instr	. 3 and 4)		Owne
	Security				Acqu							Follo
					(A) (Repo
					Disp							Trans
					of (E	·						(Instr
					(Inst 4, an							
					4, an	iu <i>5)</i>						
				Code V	V (A)	(D)	Date	Expiration	Title	Amount		
							Exercisable	Date		or		
										Number		
										of Sharea		
										Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner Office		Other					
AARON SUSAN D 3366 WEST 400 NORTH LAPORTE, IN 46350	Х								
Signatures									
/s/Mark E. Secor, Attorney-in- Aaron	usan D.		03/22/2017						
**Signature of Reporting		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) Adjusted for a 3:2 stock split effective November 14, 2016.
- (2) Amended to delete a holdings line duplicating direct holdings prior to the 2/27/2017 transactions.

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.