TRICO BANCSHARES /

Form 4 May 26, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading CASEY WILLIAM J Issuer Symbol TRICO BANCSHARES / [tcbk] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) _X__ Director 10% Owner Officer (give title __X_ Other (specify 63 CONSTITUTION DRIVE 05/24/2005 below) below) Chairman of the Board (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting CHICO, CA 95973 Person

							i cison		
(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of	, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose 4 and (A) or	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/26/2005		J <u>(1)</u>	0	A	\$ 0	864 (2)	D	
Common Stock	05/25/2005		J	8,400	A	\$ 20.322	1,195,320 (3)	I	By TriCo ESOP of which I am a Trustee
Common Stock	05/26/2005		J <u>(1)</u>	0	A	\$ 0	500,084	D	
Common Stock	05/26/2005		J <u>(1)</u>	0	A	\$ 0	122,000	I	Casey Family

LLC of which I am a manager

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.

SEC 1474

(9-02)

required Disposed of an Rapoficially Owned

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative Conversion (Month/Day/Year) Execution Date, if Transaction Derivative Expiration Date Underlying Sec Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4)	
Security or Evergice any Code Securities (Month/Day/Vear) (Instr. 3 and 4))
Security of Exercise any Code Securities (Montal/Day/Tear) (filstr. 5 and 4)	
(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired	
Derivative (A) or	
Security Disposed of	
(D)	
(Instr. 3, 4,	
and 5)	
A	Amount
0	or
Date Expiration Title N	Number
Exercisable Date 0	of
Code V (A) (D)	Shares
Option	
Common \$ 20.58 05/24/2005 A 5.000 05/24/2006 05/24/2015 Common	5,000
Stock Stock	-,-50

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CASEY WILLIAM J 63 CONSTITUTION DRIVE CHICO, CA 95973	X			Chairman of the Board			
63 CONSTITUTION DRIVE	X			Chairman of the Board			

Signatures

Suzanne Youngs "Power of Attorney" 05/26/2005

**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) No transactions occurred among these shares, intended only to reflect number of shares beneficially owned.

Reporting Owners 2

Edgar Filing: TRICO BANCSHARES / - Form 4

- (2) Shares held by broker.
- (3) Please Note: ESOP purchased stock.

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.