## Edgar Filing: ONSUM OWEN J - Form 4

ONSUM OW Form 4	'EN J											
September 30	), 2010											
FORM	4 UNITED	статге	SFCUR	ITIFS /	A NI	D FXC	ЧЛН	NCF	COMMISSION	т	PPROVAL	
Check this box									OMB Number:	3235-0287		
if no longe		OFC IN		NIDDI	CTAI			Expires:	January 31 2005			
subject to Section 16 Form 4 or Form 5	F CHANGES IN BENEFICIAL OW SECURITIES								nated average en hours per			
obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a	a) of the		ility Hol	ldin	g Com	pany	Act o	ge Act of 1934, of 1935 or Sectio 40	n		
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *       2. Issu         ONSUM OWEN J       Symbol				2. Issuer Name <b>and</b> Ticker or Trading ymbol					5. Relationship of Reporting Person(s) to Issuer			
	FIRST N BANCO				1MU	NITY	(Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/Date) 195 NORTH FIRST STREET 09/30/20				-					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) CEO/President			
(Street) 4. If Amen				mendment, Date Original Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
DIXON, CA	95620								_X_ Form filed by	One Reporting Po More than One Ro		
(City)	(State)	(Zip)	Table	I - Non-	Deri	ivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	on Date, if						5. Amount of 6. Ownershi Securities Form: Direct Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/30/2010			Code S <u>(1)</u>		Amount	(D) D	Price	х <i>г</i>	I	One of three Trustees of First Northern Bank of Dixon	
											Profit Sharing Plan.	

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

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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. Transacti	5. onNumber	6. Date Exerce Expiration D		7. Titl Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Year)	Under Securi (Instr.		Security (Instr. 5)	Secur Bene Owno 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			
ONSUM OWEN J 195 NORTH FIRST STREET DIXON, CA 95620	Х		CEO/President				
Signatures							
Lynn Campbell, AVP/Corporat Secretary	e	09/30	/2010				

\*\*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) Stock given as "Employee Recognition Awards" to 4 employees, 37 shares each for the month of September 2010.

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.