

UNIVEST CORP OF PENNSYLVANIA
 Form 4/A
 February 05, 2009

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 SCHWEITZER JEFFREY M

2. Issuer Name and Ticker or Trading Symbol
 UNIVEST CORP OF PENNSYLVANIA [UVSP]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 3964 GOSHEN DRIVE
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 01/31/2009

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 EVP & CFO

HARLEYSVILLE, PA 19438
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)
 02/03/2009

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ____ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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 Ownership (Instr. 4)
			Code	V	Amount or (D) Price		
COMMON	01/31/2009		A		2,250 (1) \$ 0	(2) (3)	D
COMMON	02/02/2009		A		327 (5) \$ 0	(2) (4)	D
COMMON	02/02/2009	02/05/2009	P		327 \$ 24.4	(2) (4)	D
COMMON					4,235.0361	(2) (4)	D

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

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