## Edgar Filing: CORCORAN CHARLES - Form 4

CORCORAL Form 4	N CHARLES										
July 01, 201	1										
FORM	14	о стате	SECUD	DITIES A	ND EV	спу	NCEC	OMMISSION		PPROVAL	
		DSIAIES		shington,			NGE C	OMIMISSION	OMB Number:	3235-0287	
Check this box								Expires:	January 31, 2005		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP C							NERSHIP OF		imated average		
Section 16. SECURITIES Form 4 or							burden hours per response				
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
obligations may continue. See Instruction See											
See Instr 1(b).	uction	50(II)	of the m	vestment	compan	iy At	101174	0			
(Print or Type l	Responses)										
1 Name and A	Address of Reportin	o Person *	2 Inguna	Name and	Tieker or	Tradi	ng	5. Relationship of	Reporting Pers	son(s) to	
	N CHARLES		Symbol		TICKEI UI	maun	ng	Issuer			
	WILLIAM PENN BANCORP INC [WMPN]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			_X_ Director		Owner	
				onth/Day/Year) /29/2011				XOfficer (give titleOther (specify below) below)			
0150 KOO1									esident and CF		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)					
_X_Form filed by One Reporting Person        Form filed by More than One Reporting											
(City)       (State)       (Zip)       Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of	2. Transaction D			3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Yea	r) Executio any	Date, if Transaction(A) or Disposed Code (Instr. 3, 4 and 5)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Month/Day/Year) (I							,	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(A)		Reported	(111301. 4)	(insu: i)	
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common	06/29/2011			S	5,000	D	\$ 12.75	15,200	I	401K	
Stock											
Common Stock	06/30/2011			S	500	D	\$ 12.75	14,700	Ι	401K	
Common	06/30/2011			S	4,200	D	\$	10,500	I	401K	
Stock							12.65				
Common Stock	06/30/2011			S	500	D	\$ 12.6	10,000	Ι	401K	
Common								2,120	I	ESOP	
Stock											

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	-		Title Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	Relationships							
	Director	10% Owner	Officer	Other				
CORCORAN CHARLES 8150 ROUTE 13 LEVITTOWN, PA 19057	Х		Vice President and CFO					
Signatures								
Charles Corcoran	07/01/2011							

## **Explanation of Responses:**

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

Date

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

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.

\*\*Signature of

**Reporting Person**