

Edgar Filing: AMERISERV FINANCIAL INC /PA/ - Form 4

AMERISERV FINANCIAL INC /PA/

Form 4

November 20, 2002

U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person (If the Form is filed  
by more than one Reporting Person, see Instruction 4(b)(v)).

Sara A. Sargent  
315 Graystone Lane  
Johnstown, PA 15905-5710

2. Issuer Name and Ticker or Trading Symbol

AmeriServ Financial, Inc. ASRV

3. I.R.S. Identification Number of Reporting Person, if an  
Entity (Voluntary)

\_\_\_\_\_

4. Statement for Month/Day/Year

\_11 /\_19\_/\_02\_

5. If Amendment, Date of Original (Month/Day/Year)

\_\_\_\_/\_\_\_\_/\_\_\_\_

6. Relationship of Reporting Person to Issuer (Check all  
applicable)

<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
<input type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)

7. Individual or Joint/Group Filing  
(Check applicable line)

Form filed by One Reporting Person  
 Form File by More than One Reporting Person

Table I - Non-Derivative Securities Acquired,  
Disposed of, or Beneficially Owned

Edgar Filing: AMERISERV FINANCIAL INC /PA/ - Form 4

REMINDER: Report on a separate page for each class of securities beneficially owned directly or indirectly

1. Title of Security  
(Instr. 3)

Common Stock

2. Transaction Date (Month/Day/Year)

\_11\_\_\_/\_19\_\_\_/\_02\_\_\_

2A. Deemed Execution Date, if any (Month/Day/Year)

\_\_\_/\_\_\_/\_\_\_

3. Transaction Code  
(Instr. 8)

Code \_\_P\_\_ V \_\_\_\_\_

4. Securities Acquired (A) or Disposed of (D)  
(Instr. 3, 4 and 5)

Amount 21,000

(A) \_\_A\_\_ or (D) \_\_\_\_\_

Price \$2.86

5. Amount of Securities Beneficially Owned Following Reported Transaction(s)  
(Instr. 3 and 4)

77,128.4384

6. Ownership Form: Direct (D) or Indirect (I)  
(Instr 4)

(D) \_\_D\_\_

(I) \_\_\_\_\_

7. Nature of Indirect Beneficial Ownership  
(Instr. 4)

\_\_\_\_\_

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)

REMINDER: Report on a separate page for each class of

Edgar Filing: AMERISERV FINANCIAL INC /PA/ - Form 4

securities beneficially owned directly or indirectly

1. Title of Derivative Security  
(Instr. 3)  
\_\_\_\_\_
2. Conversion or Exercise Price of Derivative Security  
\_\_\_\_\_
3. Transaction Date (Month/Day/Year)  
\_\_\_\_/\_\_\_\_/\_\_\_\_
- 3A. Deemed Execution Date, if any (Month/Day/Year)  
\_\_\_\_/\_\_\_\_/\_\_\_\_
4. Transaction Code  
(Instr. 8)  
Code \_\_\_\_\_ V \_\_\_\_\_
5. Number of Derivative Securities Acquired (A) or  
Disposed of (D)  
(Instr. 3, 4, and 5)  
(A) \_\_\_\_\_  
(D) \_\_\_\_\_
6. Date Exercisable and Expiration Date (Month/Day/Year)  
Date Exercisable \_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Title and Amount of Underlying Securities  
(Instr. 3 and 4)  
Title: \_\_\_\_\_  
Amount or Number of Shares: \_\_\_\_\_
8. Price of Derivative Security  
(Instr. 5)  
\_\_\_\_\_
9. Number of Derivative Securities Beneficially Owned  
Following Reported Transaction(s)  
(Instr. 4)  
\_\_\_\_\_
10. Ownership Form of Derivative Security: Direct (D) or  
Indirect (I)  
(Instr. 4)  
Direct (D) \_\_\_\_\_  
Indirect (I) \_\_\_\_\_
11. Nature of Indirect Beneficial Ownership

Edgar Filing: AMERISERV FINANCIAL INC /PA/ - Form 4

(Instr. 4)

---

Explanation of Responses:

(1) Recap: Form 4 filed 11/18/02 56,128.4384 shares  
+21,000 shares Transaction reported above.  
77,128.4384 shares

/s/ Betty L. Jakell \_\_\_\_\_ 11/20/02 \_\_\_\_\_  
\*\*Signature of Reporting Person Date  
Attorney-in-Fact for Sara A. Sargent

\*\* 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 control number.