Edgar Filing: WISE ROBERT L - Form 4

| WISE ROB | ERT L | | | | | | | | | | |
|---|--|---|---|---|-------------------|-----------|--|--|--|---|--|
| Form 4 | | | | | | | | | | | |
| September 2 | 24, 2012 | | | | | | | | | | |
| FORM | 14 | STATES | SECII | DITIES / | ND EV | СПУ | NCEC | COMMISSION | | OMB APPROVAL | |
| - | UNITED | STATES | | shington | | | INGE U | .011111155101N | OMB Number: | 3235-0287 | |
| Check t | his box | | vv a | sinington | , D .C. 20 | 547 | | | | January 31, | |
| if no lor subject Section Form 4 | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | Expires: 2009 Estimated average burden hours per response 0.4 | | | | |
| Form 5 obligation may con <i>See</i> Inst 1(b). | ons Section 17(| (a) of the H | Public U | | ding Cor | npan | y Act of | e Act of 1934, E 1935 or Section 40 | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| WISE ROBERT L Syn | | | 2. Issuer Name and Ticker or Trading Symbol AMERISERV FINANCIAL INC /PA/ [ASRV] | | | | C | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | NC | (Check all applicable) | | | |
| (Last) | (First) (| 3. Date of Earliest Transaction(Month/Day/Year)09/17/2012 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | Amendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| PA | | | | | | | | Form filed by Mo Person | ore than One Re | porting | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | Secur | ities Acq | uired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | (Instr. 4) | | |
| Common | 09/17/2012 | 09/20/20 | 12 | Р | 239.23 | А | \$ 2.926 | 105,392.6188 | D | | |
| Reminder: Re | port on a separate line | e for each cla | ass of secu | irities bene | ficially ow | ned di | rectly or i | ndirectly. | | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | e 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | of | (Month/Day ive es ed ed | Date | Amou Under Secur | le and unt of rlying rities : 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--------|-------------------------------------|--------------------|------------------------|--|---|--|
| | | | | Code V | (A) (D | 0) Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| WISE ROBERT L | | | | | | | |
| | Х | | | | | | |
| PA | | | | | | | |
| Signatures | | | | | | | |
| Sharon M. Callihan, Attorney-in-Fact | 09/24/2012 | | | | | | |
| <u>**</u> 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).

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.