#### Edgar Filing: CITIZENS FINANCIAL SERVICES INC - Form 3

#### CITIZENS FINANCIAL SERVICES INC

Form 3

December 14, 2015

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

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INITIAL STATEMENT OF 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 Addres SCHADLER	-		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol CITIZENS FINANCIAL SERVICES INC [CZFS]					
(Last)	(First)	(Middle)	12/11/2015	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Origina Filed(Month/Day/Year)		
215 WEST MAI	N STREE	Γ					(		
(	Street)			(Check all applicable)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
FREDERICKSE	BURG, PA	AÂ 17026	Owner			_ Other			
(City)	(State)	(Zip)	Table I - No	on-Deriva	tive Se	curities B	eneficially Owned		
1.Title of Security (Instr. 4)			2. Amount of Se Beneficially Ow (Instr. 4)	rned	3. Ownersh Form: Direct (I or Indire (I) (Instr. 5)	Owner (Instr.	•		
Common Class			14,673		D	Â			
Reminder: Report or owned directly or inc	directly.  Persons winformation required to	vho respond on contained o respond u	ass of securities beneficially If to the collection of If in this form are not Inless the form displays Control number.	SE	C 1473 (	(7-02)			
	Currently '	vana Owib C	ond of Humber.						

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			(Instr. 4)		Price of	Derivative	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	• • • • • • • • • • • • • • • • • • • •	Direct (D) or Indirect	

(Instr. 5)

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

SCHADLER ALLETTA M

215 WEST MAIN STREET Â X Â Â

FREDERICKSBURG, PAÂ 17026

## **Signatures**

GINA MARIE BOOR FOR ALLETTA M. SCHADLER UNDER POWER OF ATTORNEY DATED 11/24/2015

12/14/2015

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.

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