## Edgar Filing: CITIZENS FINANCIAL SERVICES INC - Form 4/A

CITIZENS FIN Form 4/A May 27, 2016	JANCIAL SERV	TCES I	NC									
<b>FORM</b>	Л								OMB AF	PROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287				
Check this b if no longer subject to Section 16.	ox STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 20 Estimated average burden hours per				
	Form 4 orresponse0Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0See Instruction30(h) of the Investment Company Act of 1940											
(Print or Type Res	ponses)											
Chappell Robert W Syn Cl			Symbol CITIZENS	2. Issuer Name <b>and</b> Ticker or Trading Symbol CITIZENS FINANCIAL SERVICES INC [CZFS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) ENTERPRISE OFFICE BOX	(Month/Day, ERPRISE ROAD, POST 05/27/201							X Director Officer (give t below)	e title 10% Owner Other (specify below)			
	(Street) 4. If Amendr Filed(Month/ 05/11/2010			-				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ROME, PA 18	8837			-				Form filed by M Person	ore than One Re	porting		
(City)	(State) (Z	ip)	Table I	- Non-Deri	ivative Se	curiti	es Acqu	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi mAcquired Disposed (Instr. 3, Amount	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
COMMON CLASS	05/27/2016			А	127	A	\$0	5,873.4466	D			

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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration D (Month/Day/ e	te Exercisable and ation Date th/Day/Year)		le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Chappell Robert W **ENTERPRISE ROAD** Х POST OFFICE BOX 156 ROME, PA 18837 Signatures

GINA MARIE BOOR FOR ROBERT W. CHAPPELL UNDER POWER OF ATTORNEY DATED 03/30/2006

\*\*Signature of Reporting Person

## **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).

#### **Remarks:**

#### STOCK AWARD.

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.

05/27/2016

Date