Edgar Filing: HORIZON BANCORP /IN/ - Form 4

HORIZON E	BANCORP /IN/										
Form 4											
March 16, 20											
				URITIES AND EXCHANGE COMMISSIC /ashington, D.C. 20549					OMB AF OMB Number:	PROVAL 3235-0287	
Check this box				NGES IN BENEFICIAL OWN				NERSHIP OF	Expires: Estimated a	January 31 2005 average	
Section 16. Form 4 or				SECURITIES					burden hour response	urs per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	ns Section 17(a	a) of the Pu	ublic Ut		ling Con	npany	Act of	e Act of 1934, 71935 or Section 0			
(Print or Type R	Responses)										
AARON SUSAN D Symbol						5. Relationship of Reporting Person(s) to Issuer					
			HORIZ	ORIZON BANCORP /IN/ [HBNC]				(Check all applicable)			
3366 WEST 400 NORTH (Month/E (Street) 4. If Ame			Month/D	ate of Earliest Transaction nth/Day/Year) 16/2015			_X_ Director Officer (give t below)	e title 10% Owner Other (specify below)			
				Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LAPORTE,	IN 46350							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			d of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
2				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	03/16/2015			А	637	А	\$ 23.54	23,544	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	sactionNumber Expiration Date e of (Month/Day/Year) r. 8) Derivative		7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
		Code V	7 (A) (I	D) Date Exercisable	Expiration Date		Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
AARON SUSAN D 3366 WEST 400 NORTH LAPORTE, IN 46350	Х					
Signatures						
/s/ Mark E. Secor, Attorney-in-Fact		03/16/2015				
**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.