## Edgar Filing: Kamin John R. - Form 4

Kamin John R. Form 4											
February 04, 20											
FORM 4	4 <b>UNITE</b>	о ста	res secudi	FIES AN	D FYCL	IANCE C	OMMISSION		PPROVAL		
Check this b	UNITE	USIA.		ington, D			OWINISSION	OMB Number:	3235-0287		
if no longer								Expires:	January 31, 2005		
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES							Estimated average burden hours per response 0.5			
Form 5 obligations may continu <i>See</i> Instructi 1(b).	e. Section 1	7(a) of	to Section 16(a the Public Utili O(h) of the Inve	ity Holdin	ig Compa	any Act of	1935 or Section	1			
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u></u> <u></u> <u></u>			Symbol	•				5. Relationship of Reporting Person(s) to Issuer			
			OLD NA' [ONB]	OLD NATIONAL BANCORP /IN/ [ONB]				(Check all applicable)			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify			
ONE MAIN ST			-	02/01/2013				below) below) CHIEF INFORMATION OFFICER			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
EVANSVILLE	E, IN 47708						Form filed by M Person				
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Sec	curities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Year) E ai	A. Deemed xecution Date, if 1y Month/Day/Year)		Disposed	(A) or 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)	Indirect Beneficial		
COMMON STOCK							4,160.556 <u>(1)</u>	D			
COMMON STOCK							30,192	D			
COMMON STOCK							545.082	D			
COMMON STOCK							607.209	D (2)			

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)	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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	Date	7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
PHANTOM STOCK	\$ 13.59 (3)	02/01/2013		Р	14.575	(4)	(4)	COMMON STOCK	14.575

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Kamin John R. ONE MAIN ST EVANSVILLE, IN 47708			CHIEF INFORMATION OFFICER	
Signatures				

JEFFREY L KNIGHT, EXECUTIVE VICE PRESIDENT AND GENERAL COUNSEL, AS ATTORNEY-IN-FACT 02/04/2013

\*\*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).
- (1) Shares held with a broker.
- (2) Old National Bancorp Employee Stock Purchase Plan
- (3) Each share of phantom stock represents the right to receive one share of ONB common stock or the cash value thereof.
- (4) Shares of phantom stock are payable in cash following termination of the reporting person's employment with ONB or reporting person becoming disabled. The reporting person may transfer his phantom stock account into an alternative investment account at any time.

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.

Date