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BANCORP RHODE ISLAND INC Form 4 November 14, 2007

11/13/2007

Stock

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer								Expires:	January 31, 2005		
subject to Section 1 Form 4 c	subject to Section 16. SECURITIES Form 4 or							NERSHIP OF	Estimated a burden hour response	verage	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a	a) of the P	ublic U		ding Com	pany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> CHACE MALCOLM G			2. Issuer Name and Ticker or Trading Symbol BANCORP RHODE ISLAND INC				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[BARI]					(Check	k all applicable)	
(Last) ONE PROV WASHING			3. Date of (Month/D 11/13/20	-	ransaction			X_ Director Officer (give below)	titleX_ 10% Othe below)	o Owner r (specify	
	(Street)		4 If ∆me	ndment Da	ate Original			6 Individual or Io	int/Group Filin	g(Check	
. , ,				mendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
PROVIDEN	NCE, RI 02903							Person	lore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date		Date, if	Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common					10.000	. ,	\$		-	See	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

P

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.

507,495

34.03

Ι

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

10,000 A

footnote

(1)

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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	/ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CHACE MALCOLM G ONE PROVIDENCE WASHINGTON PLZ 4TH FL PROVIDENCE, RI 02903	Х	Х					
Signatures							
Margaret D. Farrell (Attorney-in-fact for Mal Chace)		11/14/2007					
<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).

The reporting person beneficially owns 507,495 shares of the issuer's common stock of which (i) 82,514 shares are held by a trust of which the reporting person is trustee and beneficiary, (ii) 310,783 shares are held by a trust of which the reporting person's spouse is

(1) trustee and the reporting person is beneficiary, (iii) 59,698 shares are held by a trust of which the reporting person is co-trustee and beneficiary, (iv) 50,000 shares are held by a trust of which a member of the reporting person's immediate family is trustee and the reporting person is beneficiary and (v) 4,500 shares are held by the reporting person's spouse.

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.