Edgar Filing: FIRST COMMUNITY BANCORP /CA/ - Form 4

FIRST COMMUNITY BANCORP/CA/

Form 4 June 17, 2005

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

obligations may continue. See Instruction

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)

MATZ TIMOTHY B

1(b).

(City)

Symbol FIRST COMMUNITY BANCORP (Check all applicable) /CA/ [FCBP] (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director 10% Owner __ Other (specify Officer (give title (Month/Day/Year) 6110 EL TORDO, P.O. BOX 2388

2. Issuer Name and Ticker or Trading

06/15/2005

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

RANCHO SANTA FE, CA 92067

(Ctata)

1. Name and Address of Reporting Person *

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		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 Stock	06/15/2005	06/16/2005	P	241	A	\$ 46.29	2,938	I	By the Trustees of the FCBP Deferred Compensation Plan			
Common Stock							3,000 (1)	I	By 401(k)			
Common Stock							39,275	D				

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

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

Issuer

Person

Edgar Filing: FIRST COMMUNITY BANCORP /CA/ - Form 4

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.

SEC 1474 (9-02)

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)	Securities Acquired	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Under Securi	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo
					(A) or Disposed of (D) (Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number		Repo Trans (Instr
				Code V	(A) (D)				of Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MATZ TIMOTHY B
6110 EL TORDO
P.O. BOX 2388
RANCHO SANTA FE, CA 92067

Signatures

/s/ Timothy B. 06/17/2005 Matz

**Signature of Date
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) On May 6, 2004, the Reporting Person filed a Form 4 which incorrectly reported the amount of securities beneficially owned following the purchase of 1,000 shares indirectly held by his 401(k) plan as 4,000. This Form 4 reports the corrected amount.

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.

Reporting Owners 2