Edgar Filing: OLD NATIONAL BANCORP /IN/ - Form 4

| OLD NATION Form 4 May 04, 2015 | NAL BANCORI | ? /IN/ | | | | | | | | |
|---|--|-----------------|--|-----------------------------|-----------------|-----------|----------------------|--|--|---|
| FORM | Л | | | | | | | | OMB AF | PROVAL |
| | UNITED | STATES | | TIES AN hington, I | | | IGE C | OMMISSION | OMB Number: | 3235-0287 |
| Check this if no longe subject to | r | ENT O | F CHANG | ES IN B | ENEFIC | CIAL | . OWN | ERSHIP OF | Expires: Estimated a | January 31, 2005 |
| Section 16. Form 4 or | | | ł | SECURI | TIES | | | | burden hour response | |
| Form 5 obligations may contin <i>See</i> Instruc | ue. Section 17(a | a) of the | | lity Holdi | ng Com | pany | Act of | e Act of 1934, 1935 or Section 0 | l | |
| 1(b). (Print or Type Re | sponses) | | | | | | | | | |
| 1. Name and Ad Skillman Reb | dress of Reporting F ecca S | Person <u>*</u> | 2. Issuer N Symbol OLD NA [ONB] | Name and T TIONAL | | - | > | 5. Relationship of l Issuer (Check | Reporting Pers | |
| (Last) | | fiddle) | 3. Date of H (Month/Day 05/01/20 | y/Year) | nsaction | | | X Director Officer (give t below) | | Owner r (specify |
| | (Street) | | 4. If Ameno Filed(Month | | e Original | | | 6. Individual or Joi Applicable Line) _X_ Form filed by O | | - |
| EVANSVILL | LE, IN 47708 | | | | | | | Form filed by Me Person | | |
| (City) | (State) | (Zip) | Table | I - Non-De | rivative S | ecurit | ies Acqu | iired, Disposed of, | or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) |) Execut any | eemed ion Date, if n/Day/Year) | | (Instr. 3, | (A) or | d of (D) 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 STOCK | 05/01/2015 | | | A | Amount 1,231 | (D) A | Price \$ 14.21 | 5,145 | 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)

| E S | . Title of Derivative Security Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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 | | Relationsh | ips | |
|---|----------|------------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| Skillman Rebecca S ONE MAIN ST EVANSVILLE, IN 47708 | Х | | | |
| Signatures | | | | |

JEFFREY L KNIGHT, EXECUTIVE VICE PRESIDENT AND GENERAL COUNSEL, AS ATTORNEY-IN-FACT 05/04/2015

**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).

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