

William Nathan Salin Family Irrevocable Trust #1
 Form 3
 April 03, 2019

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â William Nathan Salin Family Irrevocable Trust #1		(Month/Day/Year)	HORIZON BANCORP INC /IN/ [HBNC]	
(Last)	(First)	03/26/2019		
10587 COPPERGATE DRIVE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
CARMEL,Â INÂ 46032			<input type="checkbox"/> Director	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> 10% Owner	<input type="checkbox"/> Form filed by One Reporting Person
			<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Form filed by More than One Reporting Person
			(give title below)	(specify below)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, no par value	4,877,130 ⁽¹⁾ ⁽²⁾	D	Â

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
William Nathan Salin Family Irrevocable Trust #1 10587 COPPERGATE DRIVE CARMEL, IN 46032	^	^ X	^	^
Salin Margaret Jane 10587 COPPERGATE DRIVE CARMEL, IN 46032	^	^ X	^	^

Signatures

WILLIAM NATHAN SALIN FAMILY IRREVOCABLE TRUST #1 /s/ Margaret Jane Salin, Trustee 04/03/2019

__Signature of Reporting Person Date

/s/ Margaret Jane Salin 04/03/2019

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) Received pursuant to the Merger Agreement between Horizon Bancorp, Inc. ("Horizon") and Salin Bancshares, Inc. ("SBI"), dated October 29, 2018, as amended by that First Amendment to Merger Agreement, dated December 18, 2018 (the "Merger Agreement"), pursuant to which SBI was merged with and into Horizon on March 26, 2019 (the "Effective Time"). Pursuant to the Merger Agreement, as of the Effective Time, each issued and outstanding share of SBI common stock converted into the right to receive (i) 23,907.5 shares of Horizon common stock and cash in lieu of fractional shares, and (ii) \$87,417.17 in cash.
 - (2) Margaret Jane Salin serves as the sole trustee of the William Nathan Salin Family Irrevocable Trust #1 (the "Trust") and, in such capacity, has sole voting and dispositive power. Ms. Salin disclaims beneficial ownership of these shares except to the extent of her pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of the reported shares for purposes of Section 16 or for any other purpose.

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.