

HUDGIONS ANNETTE W  
Form 4  
March 04, 2003

FORM 4

UNITED STATES SECURITIES AND  
EXCHANGE COMMISSION  
Washington, DC 20549

STATEMENT OF CHANGES IN  
BENEFICIAL OWNERSHIP

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 194

OMB  
APPROVAL  
OMB Number:  
3235-0287  
Expires: January  
31, 2005

Estimated average  
burden  
hours per  
response...0.5

Check this box if no  
longer  
subject to Section  
16. Form 4 or  
Form 5 obligations  
may continue.  
See Instruction 1(b).

(Print or Type Responses)

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|                                                 |                            |                       |                                                                                  |  |                                |                                                                                                                                                                                                                                                              |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
|-------------------------------------------------|----------------------------|-----------------------|----------------------------------------------------------------------------------|--|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--------------------------------------------|----------|------------------------------------------------------------------------------|---|----------------------------|-----------------------|-------------------------------------------------|--|--|
| 1. Name and Address of Reporting Person*        |                            |                       | 2. Issuer Name <b>and</b> Ticker or Trading Symbol                               |  |                                | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                                                                                                                                                                                   |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
| Hudgions, Annette W.                            |                            |                       | Old National Bancorp ONB                                                         |  |                                | <table border="1"> <tr> <td></td> <td>Director</td> <td>10% Own</td> </tr> <tr> <td>X</td> <td>Officer (give title below)</td> <td>Other (specify below)</td> </tr> <tr> <td colspan="3">President and CEO Old National Service Division</td> </tr> </table> |                                                                   |  |                                            | Director | 10% Own                                                                      | X | Officer (give title below) | Other (specify below) | President and CEO Old National Service Division |  |  |
|                                                 | Director                   | 10% Own               |                                                                                  |  |                                |                                                                                                                                                                                                                                                              |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
| X                                               | Officer (give title below) | Other (specify below) |                                                                                  |  |                                |                                                                                                                                                                                                                                                              |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
| President and CEO Old National Service Division |                            |                       |                                                                                  |  |                                |                                                                                                                                                                                                                                                              |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
| (Last)                                          | (First)                    | (Middle)              | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)    |  |                                | 4. Statement for Month/Day/Year                                                                                                                                                                                                                              |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
|                                                 |                            |                       |                                                                                  |  |                                | March 4, 2003                                                                                                                                                                                                                                                |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
| (Street)                                        |                            |                       | 5. If Amendment, Date of Original (Month//Day/Year)                              |  |                                | 7. Individual or Joint/Group Filing (Check Applicable Line)                                                                                                                                                                                                  |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
| Henderson, KY 42420                             |                            |                       |                                                                                  |  |                                | X Form filed by One Reporting Person                                                                                                                                                                                                                         |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
| (City) (State) (Zip)                            |                            |                       | Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |                                | Form filed by More than One Reporting Person                                                                                                                                                                                                                 |                                                                   |  |                                            |          |                                                                              |   |                            |                       |                                                 |  |  |
| 1. Title of Security (Instr. 3)                 |                            |                       | 2A. Deemed Election Date, if any (Month/                                         |  | 3. Transaction Code (Instr. 8) |                                                                                                                                                                                                                                                              | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | 5. Amount of Securities Beneficially Owned |          | 6. 7. Ownership Form: Direct (D) Indirect (I) Nature of Beneficial Ownership |   |                            |                       |                                                 |  |  |

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|                                            | Day/Year)<br>(Month/Day/<br>Year) | (Month/Day/<br>Year) | V | Amount | (A)<br>or<br>(D) | Price | Following<br>Reported<br>Transaction(s)<br><br>(Instr. 3<br>and 4) | or<br>(I)<br>(Instr.<br>4) | Instr. 4 |
|--------------------------------------------|-----------------------------------|----------------------|---|--------|------------------|-------|--------------------------------------------------------------------|----------------------------|----------|
| Common stock                               | 03/03/03                          |                      | A | V      | 402.000          | A     | N/A                                                                | 5,008.665                  | D        |
| Common stock                               |                                   |                      |   |        |                  |       |                                                                    | 361.220                    | D1       |
| Common stock                               |                                   |                      |   |        |                  |       |                                                                    | 4,877.481                  | I2       |
| D Annette Hudgions                         |                                   |                      |   |        |                  |       |                                                                    |                            |          |
| D1 Annette W and John D Hudgions           |                                   |                      |   |        |                  |       |                                                                    |                            |          |
| I2 ONB Emp Savings and Profit Sharing Plan |                                   |                      |   |        |                  |       |                                                                    |                            |          |

| FORM 4 (continued)                         |                                                        | Table II - Derivative Securities Acquired, Disposed<br>(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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |  |
|                                            |                                                        |                                                                                                                       |                                                    |                                |                                                                                  |                                                          |                                                               |  |



\_\_\_\_\_  
\*\*Signature of Reporting  
Person

\_\_\_\_\_  
Date

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

\* 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.

Last Update: 09/05/2002