

Edgar Filing: AMERISERV FINANCIAL INC /PA/ - Form 4

AMERISERV FINANCIAL INC /PA/

Form 4

November 19, 2002

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington D.C. 20549

FORM 4

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 1940

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

1. Name and Address of Reporting Person (If the Form is filed
by more than one Reporting Person, see Instruction 4(b)(v)).

Sara A. Sargent
315 Graystone Lane
Johnstown, PA 15905-5710

2. Issuer Name and Ticker or Trading Symbol

AmeriServ Financial, Inc. ASRV

3. I.R.S. Identification Number of Reporting Person, if an
Entity (Voluntary)

4. Statement for Month/Day/Year

_11 /_18/_02_

5. If Amendment, Date of Original (Month/Day/Year)

____/____/____

6. Relationship of Reporting Person to Issuer (Check all
applicable)

<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
<input type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)

7. Individual or Joint/Group Filing
(Check applicable line)

Form filed by One Reporting Person
 Form File by More than One Reporting Person

Table I - Non-Derivative Securities Acquired,
Disposed of, or Beneficially Owned

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REMINDER: Report on a separate page for each class of securities beneficially owned directly or indirectly

1. Title of Security
(Instr. 3)

Common Stock

2. Transaction Date (Month/Day/Year)

_11___/_18___/_02___

2A. Deemed Execution Date, if any (Month/Day/Year)

___/___/___

3. Transaction Code
(Instr. 8)

Code __P___ V _____

4. Securities Acquired (A) or Disposed of (D)
(Instr. 3, 4 and 5)

Amount 33,000

(A) __A___ or (D) _____

Price \$2.6859

5. Amount of Securities Beneficially Owned Following Reported Transaction(s)
(Instr. 3 and 4)

56,128.4384

6. Ownership Form: Direct (D) or Indirect (I)
(Instr 4)

(D) __D___

(I) _____

7. Nature of Indirect Beneficial Ownership
(Instr. 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.

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

REMINDER: Report on a separate page for each class of

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securities beneficially owned directly or indirectly

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)
Code _____ V _____
5. Number of Derivative Securities Acquired (A) or
Disposed of (D)
(Instr. 3, 4, and 5)
(A) _____
(D) _____
6. Date Exercisable and Expiration Date (Month/Day/Year)
Date Exercisable ____/____/____
Expiration Date ____/____/____
7. Title and Amount of Underlying Securities
(Instr. 3 and 4)
Title: _____
Amount or Number of Shares: _____
8. Price of Derivative Security
(Instr. 5)

9. Number of Derivative Securities Beneficially Owned
Following Reported Transaction(s)
(Instr. 4)

10. Ownership Form of Derivative Security: Direct (D) or
Indirect (I)
(Instr. 4)
Direct (D) _____
Indirect (I) _____
11. Nature of Indirect Beneficial Ownership

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(Instr. 4)

Explanation of Responses:

(1) Recap: Form 4 filed 4/02 21,875.7328 shares
+33,000 shares Transaction reported above.
+ 447.4591 shares Acquired thru DRP 7/3/02 @\$4.40 per share
+ 805.2465 shares Acquired thru DRP 10/2/02 @\$2.495 per share
56,128.4384 shares

/s/ Betty L. Jakell _____ 11/19/02 _____
**Signature of Reporting Person Date
Attorney-in-Fact for Sara A. Sargent

** 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 control number.