Edgar Filing: MILLIGAN GEORGE D - Form 4

| MILLIGAN Form 4 March 05, 20 | | | | | | | | | | | |
|---|-----------------------------------|----------------------|-------------|--|--------------------|------------------------------|------------|---|--|------------------------|--|
| FORM | Λ | | | | | | | | | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchanges | | | | | | | | Expires: Estimated a burden hou response | rs per | | |
| obligation may conti <i>See</i> Instru 1(b). | ^s Section 1 | 7(a) of the | Public Ut | | ing Com | pany | Act of | f 1935 or Sectio | n | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| MILLIGAN GEORGE D Symbol | | | | Γ BANCORPORATION INC | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month/ | | | | Date of Earliest Transaction onth/Day/Year) /05/2012 | | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | |
| | | | | mendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| WEST DES | MOINES, IA | 50265 | | | | | | Person | Aore than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Acc | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ar) Execution any | on Date, if | 3. Transactic Code (Instr. 8) | on(A) or Di (D) | sposed 4 and (A) or | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | 03/05/2012 | | | P | 2,000 | A | \$ 9.35 | 5,500 | 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)

| Der Sec | Fitle of rivative curity str. 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. Transact Code (Instr. 8) | 5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, | (Month/Day/Year) vative irities uired or posed D) | | 7. Titl Amou Under Secur (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|------------|---|---|---|---|--------------------------------------|--|---|--------------------|--|--|---|---|
| | | | | | Code N | 4, and 5) 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| MILLIGAN GEORGE D 2619 CROWN FLAIR DRIVE WEST DES MOINES, IA 50265 | Х | | | | | | |
| Signatures | | | | | | | |
| Marie I. Roberts, By Power of Attorney | | 03/05/2012 | 2 | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| | | | | | | | |

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.