Newell Donna M Form 4 August 14, 2017

# FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Adda<br>Newell Donna | _        | ing Person * | 2. Issuer Name <b>and</b> Ticker or Trading Symbol ACNB CORP [ACNB] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable) |  |  |  |
|----------------------------------|----------|--------------|---|--|--|--|--|
| (Last)                           | (First)  | (Middle)     | 3. Date of Earliest Transaction                                     | (Check all applicable)   |  |  |  |
| 357 FOX HILI                     | L ROAD   |              | (Month/Day/Year)<br>08/10/2017                                      | X Director 10% Owner Officer (give title below) Other (specify below)    |  |  |  |
|                                  | (Street) |              | 4. If Amendment, Date Original                                      | 6. Individual or Joint/Group Filing(Check                                |  |  |  |
|                                  |          |              | Filed(Month/Day/Year)   | Applicable Line) _X_ Form filed by One Reporting Person                  |  |  |  |
| BIGLERVILLE, PA 17307            |          |              |   | Form filed by More than One Reporting Person                             |  |  |  |

| (City)                               | (State) (Zi                          | p) Table 1  | I - Non-Dei                            | rivative S                       | ecurit | ies Acquir   | ed, Disposed of,   | or Beneficially  | Owned   |
|--------------------------------------|--------------------------------------|---|--|----------------------------------|--------|--------------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securi on(A) or Di (Instr. 3, | ispose | d of (D)     | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| ACNB<br>Corporation<br>Common        | 08/10/2017                           |   | P                                      | 213                              | A      | \$<br>26.782 | 3,574.9729   | D  |   |
| ACNB<br>Corporation<br>Common        | 08/10/2017                           |   | P                                      | 325                              | A      | \$ 26.65     | 3,899.9729   | D  |   |

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Edgar Filing: Newell Donna M - Form 4

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

| 1. Title of | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc |            | 7. Title |          | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|------------|----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D  | ate        | Amou     | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)      | Under    | lying    | Security    | Secur  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |            | Securi   | ties     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |            | (Instr.  | 3 and 4) |             | Own    |
|             | Security    |                     |                    |            | Acquired   |               |            |          |          |             | Follo  |
|             |             |                     |                    |            | (A) or     |               |            |          |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |            |          |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |            |          |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |            |          |          |             |        |
|             |             |                     |                    |            | 4, and 5)  |               |            |          |          |             |        |
|             |             |                     |                    |            |            |               |            |          |          |             |        |
|             |             |                     |                    |            |            |               |            |          | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration |          | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date       | Title    | Number   |             |        |
|             |             |                     |                    |            |            | Excicisable   | Date       |          | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |            |          | Shares   |             |        |

### **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
|                                | Director      | 10% Owner | Officer | Other |  |  |  |

Newell Donna M 357 FOX HILL ROAD X **BIGLERVILLE, PA 17307** 

### **Signatures**

/s/ Lynda L. Glass as POA for Donna M. 08/14/2017 Newell

> \*\*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.

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