Edgar Filing: NICHOLSON ROBERT K III - Form 4

| NICHOLSON Form 4 March 03, 20 | N ROBERT K II 09 | II | | | | | | | | | |
|---|---|--|-----------------|---|-------------|-----------|---|---|------------------|---------------------|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMIS | | | | | | | | OMB APPROVAL | | | |
| | UNITED | ITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check this if no longe | ar | | | | | CIA | | NEDSHID OF | Expires: | January 31, 2005 | |
| subject to Section 16 Form 4 or | б. | | | | | | ES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | |
| Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b). | Filed put s Section 17(| 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 | | | | | | | response n | 0.5 | |
| (Print or Type R | esponses) | | | | | | | | | | |
| NICHOLSON ROBERT K III Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | LAKEL [LBAI] | LAKELAND BANCORP INC [LBAI] | | | | (Check all applicable) | | | |
| (Month/I | | | | ate of Earliest Transaction nth/Day/Year) 02/2009 | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | | |
| RIDGE ROA | | | 03/02/20 | | | | | | | | |
| | | | | onth/Day/Year) App _X_ | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| UAK KIDUI | 2 ROAD, 10 07 | 430 | | | | | | Person | | | |
| (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 Date 2A. I (Month/Day/Year) Exec any (Mor | | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 03/02/2009 | | | Р | 5,000 | A | \$ 6.61 | 36,087 | 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addre | ess | Relationships | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| NICHOLSON ROBERT K II C/O LAKELAND BANK 250 OAK RIDGE ROAD OAK RIDGE ROAD, NJ 074 | X | | | | | | | |
| Signatures | | | | | | | | |
| Harry Cooper, POA | 03/03/2009 | | | | | | | |
| ** Signature of | Date | | | | | | | |

Reporting Person

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.