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							, in , in					
OLD NATIO Form 4 May 04, 2015	NAL BANCOR	P /IN/										
FORM	4	~				~~~				APPROVAL		
	ITIES A hington,			COMMISSION	OMB Number:	3235-0287						
Check this if no long	er			CECINU	DENIDIRI				Expires:	January 31, 2005		
subject to Section 10 Form 4 or	5.	IENI U	r CHAN	SECUR		CIA	LUW	NERSHIP OF	Estimate burden h response	d average ours per		
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a	a) of the l		ility Hold	ling Com	ipany	Act of	e Act of 1934, 1935 or Sectio 0	on			
(Print or Type R	esponses)											
BRAUN ALAN W Symbol			Symbol	Name and			0	5. Relationship of Reporting Person(s) to Issuer				
			OLD NATIONAL BANCORP /IN/ [ONB]					(Check all applicable)				
(Last) (First) (Middle) 3. Date of 1 (Month/Da					ansaction			X Director 10% Owner Officer (give title Other (specify below) below)				
ONE MAIN ST 05/01/20				-								
(Street) 4. If Amen Filed(Mont				ndment, Da th/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line)				
EVANSVILLE, IN 47708								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Acq	uired, Disposed o	f, or Benefic	ially Owned		
1.Title of Security (Instr. 3)		Yransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi on(A) or Di (Instr. 3,	4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
COMMON STOCK				Code V	Amount	(D)	Price	316	D (1)			
COMMON STOCK	05/01/2015			А	1,231	A	\$ 14.21	335,751	D (2)			
COMMON STOCK								2,835	Ι	The Braun Investment Partnership, L.P. (3)		
COMMON STOCK								31,431	D (4)			
								20,000	D (4)			

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COMMON STOCK

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
. ,	Derivative			. ,	Securities	3		(Instr.	3 and 4)	. ,	Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(Instr
					(insu: 5, 4, and 5)						
					4, alla 5)						
									Amount		
						D /	F · .·		or		
						Date	Expiration le Date	Title	Number		
						Exercisable			of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
BRAUN ALAN W				
ONE MAIN ST	Х			
EVANSVILLE, IN 47708				

Signatures

JEFFREY L KNIGHT, EXECUTIVE VP AND CHIEF LEGAL COUNSEL, AS ATTORNEY-IN-FACT

**Signature of 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).

- (1) REGISTERED AS ALAN W AND SHARON A BRAUN
- (2) HELD WITH ONB WEALTH MANAGEMENT IN THE NAME OF ALAN & SHARON BRAUN.

 THE REPORTING PERSON IS A GENERAL PARTNER OF THE LIMITED PARTNERSHIP WHICH OWNS THE REPORTED
 (3) SECURITIES. THE REPORTING PERSON DISCLAIMS BENEFICIAL OWNERSHIP OF THE REPORTED SECURITIES EXCEPT TO THE EXTENT OF HIS PECUNIARY INTEREST THEREIN.

05/04/2015

Date

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(4) HELD WITH ONB WEALTH MANAGEMENT IN THE NAME OF ALAN W BRAUN.

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.