BOYD KATHERINE M

Form 5

February 01, 2005

OMB APPROVAL FORM 5 **OMB**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Reported Form 4

1(b).

Transactions Reported

1. Name and Address of Reporting Person * BOYD KATHERINE M			2. Issuer Name and Ticker or Trading Symbol FIRST NATIONAL LINCOLN CORP /ME/ [FNLC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I	(Mont	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004			ded	_X_ Director 10% Owner Officer (give title Other (specify below)			
PO BOX 9	40									
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)			
DAMARIS	COTTA, MEÂ	04543					_X_ Form Filed by N Form Filed by N Person	One Reporting Po		
(City)	(State)	(Zip) T	able I - Non-De	rivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code	3. 4. Securities Transaction Acquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	Â	Â	Â	Â	Â	Â	12,936.9769 (1)	D	Â	
Common Stock	Â	Â	Â	Â	Â	Â	17,670.415	I	By Stock Purchase Plan	
Common Stock	Â	Â	Â	Â	Â	Â	4,925	I	By Spouse	
Common Stock	Â	Â	Â	Â	Â	Â	600	I	By Son	

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

Estimated average

burden hours per

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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.

SEC 2270 (9-02)

> Of D So

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 Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
									or	
						Date	Expiration	Title	Number	
						Exercisable I	Date		of	
					(A) (D)				Shares	
					(II)				Dilaics	

Reporting Owners

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

BOYD KATHERINE M

PO BOX 940 \hat{A} X \hat{A} \hat{A}

DAMARISCOTTA, MEÂ 04543

Signatures

Katherine M. 01/20/2005 Boyd

**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).
- (1) Includes 1,315.9769 shares in Dividend Reinvestment Plan

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Remarks:

Holdings reflect 3 for 1 stock split in June 2004

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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