#### NORTON SUSAN A

Form 5

January 24, 2013

#### **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

Reported Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1(b).

(City)

1. Name and Address of Reporting Person ** NORTON SUSAN A			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	First Bancorp, Inc /ME/ [FNLC]  3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)			
, ,		<b>(</b>	(Month/Day/Year) 12/31/2012	Director 10% Owner N Officer (give title Other (specification) below)			
PO BOX 940				EVP - HR and Compliance			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting			

### DAMARISCOTTA, MEÂ 04543

(State)

(Zip)

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(check applicable line)

(City)	(State)	Tabl	e I - Non-Deri	ivative Sec	curitie	es Acqu	iired, Disposed	of, or Beneficia	Illy Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3,	l (A) c l of (D	))	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	11,805	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	524.2283	I	Through Employee Stock Purchase Plan
Common Stock	Â	Â	Â	Â	Â	Â	4,389.809	I	Through 401(k) Plan

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

Estimated average

burden hours per

#### Edgar Filing: NORTON SUSAN A - Form 5

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)

D

# 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. Title	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	•		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
	•				(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
						Lacicisable	Dute		of		
					(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
NORTON SUSAN A							
PO BOX 940	Â	Â	EVP - HR and Compliance	Â			
DAMARISCOTTA, ME 04543							

# **Signatures**

Susan A. Norton	01/24/2013			
**Signature of	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 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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