First Bancorp, Inc /ME/ Form 4 January 29, 2016

Check this box

if no longer

subject to

Section 16.

FORM 4

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

OMB APPROVAL

Number: 3235-0287

Synings: January 31,

Expires: 2005
Estimated average

burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 or
Form 5
obligations
may continue.

See Instruction

Filed pursuant to Section 17(a) of the Publication 30(h) of the 30(h) of t

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

2. Issuer Name and Ticker or Trading

1(b).

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

Poulin Steven H			Symbol	Symbol					Issuer				
	First Ba	ncorp, In	c /ME/ []	FNLC	C]	(Check all applicable)							
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check all applicable)					
		(Month/Day/Year)					Director 10% Owner						
PO BOX 940			01/28/20	01/28/2016					X Officer (give title Other (specify below)				
								SVP -	Senior Credit C	Officer			
	4. If Ame	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check						
	Filed(Mon	nth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person							
DAMADICA	COTTA ME (11512							y One Reporting I y More than One I				
DAMARIS	COTTA, ME (14343						Person					
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of	2. Transaction I		med 3. 4. Securities				5. Amount of	6. Ownership	7. Nature of				
Security (Instr. 3)	(Month/Day/Ye		ion Date, if	* * *				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(Illsu. 5)) any Code Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned	` '							
			•					Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
Common					1 11110 4111	, ,			_				
Stock	01/28/2016			A	668	A	\$ 0	3,008	D				
										Through			
										Employee			
Common								34.6851	I	Stock			
Stock										Durchase			

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

Purchase Plan

Through

401(k) Plan

2,353.087

Ι

Edgar Filing: First Bancorp, Inc /ME/ - Form 4

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 1474 (9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed		ate	r) Amor Unde Secur	unt of rlying	Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Poulin Steven H PO BOX 940

SVP - Senior Credit Officer

DAMARISCOTTA, ME 04543

Signatures

Steven H. 01/29/2016 Poulin

**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.

Reporting Owners 2