#### Edgar Filing: CITIZENS FINANCIAL SERVICES INC - Form 4

CITIZENS FINANCIAL SERVICES INC Form 4 December 15, 2010 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading COOLIDGE R LOWELL Issuer Symbol CITIZENS FINANCIAL SERVICES (Check all applicable) INC [CZFS] (Middle) (Last) (First) 3. Date of Earliest Transaction X\_ Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) below) PO BOX 41. PO BOX 41 12/14/2010 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Dav/Year) Applicable Line) \_X\_ Form filed by One Reporting Person \_ Form filed by More than One Reporting WELLSBORO, PA 16901-0041 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired 5. Amount of 7. Nature of 3. 6. Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial any (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) (A) (Instr. 4) Transaction(s) or (Instr. 3 and 4) Code V Amount Price (D) COMMON \$ 12/14/2010 Ρ 439 А 145,371 D 35.99 **CLASS** COMMON 12/14/2010 Ρ 200 А \$36 145,571 D **CLASS** COMMON Ρ 12/14/2010 515 Α 146,086 D 36.99 **CLASS** COMMON 12/15/2010 Ρ 466 D Α 146,552 **CLASS** 36.95 COMMON 12/15/2010 Ρ 34 Α \$37 D 146,586 CLASS

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COMMON CLASS	12/15/2010	Р	200	А	\$ 37.25	146,786	D	
COMMON CLASS	12/15/2010	Р	500	А	\$ 37.5	147,286	D	
COMMON CLASS						35,168	I	BY SPOUSE

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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		4.	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ion Date		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	ities	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired			· · · · ·		Follo	
	~~~~				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
										(insu	
					(Instr. 3,						
					4, and 5)						
								4	Amount		
									or		
						Date Exercisable	Expiration Date	Title Nu of	Number		
				C I V	(A) (D)						
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships **Reporting Owner Name / Address** 10% Owner Officer Other Director COOLIDGE R LOWELL PO BOX 41 Х PO BOX 41 WELLSBORO, PA 16901-0041

### Signatures

GINA MARIE BOOR FOR R. LOWELL COOLIDGE UNDER POWER OF ATTORNEY 12/15/2010 DATED 08/22/2002

\*\*Signature of Reporting Person

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 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.