### AICHELE WILLIAM S

Form 5

February 13, 2007

#### **OMB APPROVAL** FORM 5

**OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per **OWNERSHIP OF SECURITIES** 5 obligations response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported

1. Name and Ad AICHELE W	ddress of Reporting P	Symbol UNIVE	2. Issuer Name and Ticker or Trading Symbol UNIVEST CORP OF PENNSYLVANIA [UVSP]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	. , ,	(Month/D	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006				X Director 10% Owner X Officer (give title Other (specify below) Director, Chairman, Pres & CEO			
1401 RICKERT ROAD										
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6.	6. Individual or Joint/Group Reporting  (check applicable line)			
PERKASIE, PA 18944  _X_Form Filed by One Reporting PersonForm Filed by More than One Reporting Person  (City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securi (A) or Di (Instr. 3,	ties A ispose 4 and (A) or	cquired d 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	12/29/2006	12/29/2006	G	500	D D	\$ 30.48	66,636.5209 (1)	D	Â	
COMMON	Â	Â	Â	Â	Â	Â	66,787.8004 (2)	D	Â	
COMMON	Â	Â	Â	Â	Â	Â	7,724 (3)	I	Trustee - Deferred Salary	

Savings Plan

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)

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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shar
STOCK OPTIONS	\$ 18.8533	Â	Â	Â	Â	Â	12/31/2003	12/31/2007	COMMON	25,31
STOCK OPTIONS	\$ 21.616	Â	Â	Â	Â	Â	12/31/2004	12/31/2008	COMMON	26,24
STOCK OPTIONS	\$ 28.2667	Â	Â	Â	Â	Â	12/31/2005	12/31/2013	COMMON	20,24
STOCK OPTIONS	\$ 24.27	Â	Â	Â	Â	Â	12/30/2007	12/31/2015	COMMON	15,00

# **Reporting Owners**

Reporting Owner Name / Address	Keiauonsnips						
	Director	10% Owner	Officer	Other			
AICHELE WILLIAM S 1401 RICKERT ROAD PERKASIE, PA 18944	ÂX	Â	Director, Chairman, Pres & CEO	Â			

# **Signatures**

Wallace H.
Bieler

\*\*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).
- (1) DOES INCLUDE 1,084.5209 SHARES ACQUIRED ON OR AFTER AUGUST 15, 1996 THROUGH THE DIVIDEND REINVESTMENT PLAN AND EMPLOYEE STOCK PURCHASE PLAN.

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- (2) DOES INCLUDE 1,235.8004 SHARES ACQUIRED ON OR AFTER AUGUST 15, 1996 THROUGH THE DIVIDEND REINVESTMENT PLAN AND EMPLOYEE STOCK PURCHASE PLAN.
- (3) TRUSTEE'S ALLOCATED PECUNIARY INTEREST IN THE SHARES HELD IN THE DEFERRED SALARY SAVINGS PLAN.

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.