## Edgar Filing: UNIVEST CORP OF PENNSYLVANIA - Form 5

UNIVEST CORP OF PENNSYLVANIA Form 5 January 23, 2014 FO

Junuary	23, 2014								
FOF	RM 5					OMB AF	PROVAL		
		UNITE	D STATES	S SECURITIES AND EXCHANGE ( Workington, D.C. 20540	COMMISSION	OMB Number:	3235-0362 January 31,		
	ck this box if			Washington, D.C. 20549	washington, D.C. 20549				
For 5 ob	ection 16. n 4 or Form ligations continue.	Estimated a burden hour response							
See	Instruction	Filed r	ursuant to	Section 16(a) of the Securities Exchange	The $\Delta ct of 103/$				
1(b) For				Public Utility Holding Company Act o		1			
For Trai	orted			of the Investment Company Act of 19-					
Ĩ		s of Reporti	ng Person <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading	5. Relationship of	Reporting Pers	on(s) to		
	E MARY	-		Symbol	Issuer	reporting reis	011(5) 10		
				UNIVEST CORP OF PENNSYLVANIA [UVSP]	(Check	all applicable	)		
(Las	:) (	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)	Director X Officer (give below)		Owner er (specify		
5084 H	ANCOCI	K LANE		12/31/2013	· · · · · · · · · · · · · · · · · · ·	& Controller			

(Street)

PIPERSVILLE, PAÂ 18947

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

6. Individual or Joint/Group Reporting

(check applicable line)

(City)	(State)	(Zip) Tab	le I - Non-Der	rivative Se	ecuriti	ies Acqu	uired, Disposed o	of, or Beneficia	ally 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, Amount	d (A) of d of (E 4 and (A) or	0) 5)	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	Â	Â	Â	Â	Â	Â	3,353.9241 (1)	D	Â
Common	Â	Â	Â	Â	Â	Â	15	I	Mary E. Liddle - Custodian FBO W. Alexander Liddle
Common	Â	Â	Â	Â	Â	Â	69	Ι	

4. If Amendment, Date Original

Filed(Month/Day/Year)

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									Mary E. Liddle - Custodian FBO Broderick Benfield	
		arate line for each clas ad directly or indirectl	y. contained	d in this form	n are i	not re	llection of inf equired to res lid OMB cont	pond unless	SEC 22 (9-0	
			tive Securities Acqu uts, calls, warrants,					d		
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. Num of Deriv Secu Acqu (A) c Disp of (D (Instr 4, an	vative rities uired or osed )) r. 3,	6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and 4	ecurities
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Options (Right to Buy)	\$ 24.27	Â	Â	Â	Â	Â	12/30/2007	12/30/2015	Common	1,485
Incentive Stock Options (Right to Buy)	\$ 21.11	Â	Â	Â	Â	Â	12/31/2009	12/31/2017	Common	6,000
Incentive Stock Options (Right to Buy)	\$ 17.58	Â	Â	Â	Â	Â	01/31/2012	01/31/2020	Common	1,000
Incentive Stock Options (Right to Buy)	\$ 17.235	Â	Â	Â	Â	Â	01/31/2013	01/31/2021	Common	1,500
	\$ 14.8	Â	Â	Â	Â	Â	01/31/2014	01/31/2022	Common	1,500

Incentive Stock Options (Right to Buy)										
Incentive Stock Options (Right to Buy)	\$ 16.88	Â	Â	Â	Â	Â	01/31/2015	01/31/2023	Common	1,500

## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
		10% Owner	Officer	Other					
LIDDLE MARY E 5084 HANCOCK LANE PIPERSVILLE, PA 18947	Â	Â	SVP & Controller	Â					
Signatures									
Michael S. Keim 01/	23/2014								
** Cionatura of	Data								

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