First Federal of Northern Michigan Bancorp, Inc. Form 4 April 07, 2008 FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB Washington, D.C. 20549 Number: Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

(Print or Type Responses)

if no longer

subject to

Section 16.

Form 4 or

Form 5

1(b).

1. Name and Address of Reporting Person <u>*</u> VANMASSENHOVE GARY C			2. Issuer Name and Ticker or Trading Symbol First Federal of Northern Michigan Bancorp, Inc. [FFNM]					-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mor				3. Date of Earliest Transaction (Month/Day/Year) 04/04/2008					X_ Director 10% Owner Officer (give title Other (specify below) below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
ALPENA, MI 49707									Person			
(City)	(State)	(Zip)	Table	e I - Non	1-De	erivative	Secur	ities Aco	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	Code (Instr.	8)	4. Securi m(A) or Di (D) (Instr. 3,	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, par value \$0.01 per share	04/04/2008			Р		350	A	\$ 6.95	1,292	I	By IRA1	
Common Stock, par value \$0.01 per share									7,769 <u>(1)</u>	D		
Common Stock, par value \$0.01 per share									750	Ι	By spouse IRA	

OMB APPROVAL

Estimated average

burden hours per

Expires:

response...

3235-0287

January 31,

2005

0.5

Common			
Stock, par	1,239	т	By IRA2
value \$0.01	1,239	1	Dy IKA2
per share			

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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if			6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities		8. Prio Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(any (Month/Day/Year)	Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Y e		(Instr. 3 and 4)		Secur (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 9.2					03/14/2007	03/14/2016	Common Stock	2,500 (2)	
Stock Options	\$ 9.65					05/17/2007	05/17/2016	Common Stock	5,900 (3)	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
VANMASSENHOVE GARY C 100 S. SECOND AVE ALPENA, MI 49707	Х						
Signatures							
/s/ Robert B. Pomerenk, pursuant attorney	of	04/	/07/2008				
<u>**</u> Signature of Reporting Per			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) Includes shares of restricted stock that vest over a five year period, commencing on May 17, 2006, at a rate of 20% per year.
- (2) Represents stock options that vest over a five year period, commencing on March 14, 2006, at a rate of 20% per year.
- (3) Represents stock options that vest over a five year period, commencing on May 17, 2006, at a rate of 20% per year.

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.