VERESCHAGIN ALEX A JR

Form 4 January 09, 2009

FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005

OMB APPROVAL

Estimated average burden hours per response...

0.5

Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

| | | | 2. Issuer Name and Ticker or Trading Symbol TRICO BANCSHARES / [tcbk] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--------------------------------------|--------------------------------------|--|---|--|-------|---------------|--|--|---|--|
| (Last) | (First) (| (Mon | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2009 | | | _ | (Check all applicable) _X_ Director 10% Owner Officer (give titleX Other (specify below) Secretary of the Board | | | |
| | (Street) | Filed | 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Chapter Street) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | rson | |
| (City) | (State) | (Zip) | able I - Non- | Derivative | Secui | rities Acqui | red, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | Code | Transactiomr Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 01/09/2009 | | <u>J(1)</u> | 0 | A | \$ 0 | 64,349 | D | | |
| Common Stock | 01/09/2009 | 01/14/2009 | P(2) | 17,000 | A | \$ 20.9939 | 1,218,174 | I | By TriCo ESOP of which I am a Trustee | |

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

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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) | | 4. Transacti | 5. onNumber | 6. Date Exerc Expiration D | | 7. Titl | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|--------------------|---|-------------------------------|--------------------|----------------|--|------------------------|--|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month Day/Tear) | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Under Secur | rlying | Security (Instr. 5) | Secur Bene Own Follo Repo Trans (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 | | | |
| VERESCHAGIN ALEX A JR | X | | | Secretary of the Board | | | |

Signatures

Suzanne Youngs "Power of Attorney" 01/09/2009

**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) No transactions occurred among these shares, intended only to reflect number of shares beneficially owned.
- (2) ESOP purchased shares. Purchase pursuant to 10b5-1 plan.

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.

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