NEFF JAMES D Form 4 February 06, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

Number:
Expires:
January 31,
2005

OMB APPROVAL

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subject to Section 16. Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. *See* Instruction

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

1(b).

Common

Stock

(Print or Type Responses)

| 1. Name and Address of Reporting Person * NEFF JAMES D | | | 2. Issuer Name and Ticker or Trading Symbol HORIZON BANCORP /IN/ [HBNC] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|--|---|--|--------------------|--------|---|--|--|---|--|
| (Last) | (First) (M | iddle) 3. Dat | 3. Date of Earliest Transaction | | | | | | , | |
| 515 FRANKLIN SQUARE | | | n/Day/Year) /2006 | | | Director 10% Owner _X Officer (give title Other (specify below) Executive Vice President | | | | |
| | (Street) | 4. If A | mendment, Da | te Original | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Month/Day/Year) |) | | | Applicable Line) | | | |
| MICHIGAN | CITY, IN 46360 | | | | | | _X_ Form filed by One Reporting Person Form 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) | tion Date 2A. Deemed ay/Year) Execution Date, if any (Month/Day/Year) | | on(A) or Da (D) | (A) or | | 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 | 02/06/2006 | | A | 568 | A | \$ 26.2 | 3,573 | I | By Stock Bonus Plan | |

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

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SEC 1474

(9-02)

D

23,053

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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 | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exer | | 7. Title | | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|------------|----------|----------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orNumber | Expiration D | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secur |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securi | ties | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable | Date Tit | Title | Number | | |
| | | | | | | LACICISABLE | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

NEFF JAMES D 515 FRANKLIN SQUARE MICHIGAN CITY, IN 46360

Executive Vice President

Signatures

/s/James D. Neff 02/06/2006 **Signature of Date Reporting Person

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.

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