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SUSSEX BA Form 4												
Check this box Washington, D.C. 20549 Nu Check this box if no longer Ex subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Es Section 16. SECURITIES but									N OMB Number: Expires: Estimated burden ho response.	urs per		
(Print or Type R	esponses)											
LISTA GEORGE Syml			Symbol	2. Issuer Name and Ticker or Trading Symbol SUSSEX BANCORP [sbbx]					5. Relationship of Reporting Person(s) to Issuer			
				of Earliest Transaction Day/Year) 2008				(Check all applicable) <u>Director</u> 10% Owner Officer (give title X_ Other (specify below) CEO of Tri-State				
				ndment, Date Original th/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 				
FRANKLIN	, NJ 07416							Person	More than One F	teporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	equired, Disposed	of, or Beneficia	ally Owned		
Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year) (Month/Day/Year)			(Instr. 8) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)				
Common Stock	09/09/2008			Р	500	А	\$ 8.5	27,194	D			
Common Stock								300	I	Held in LLC controlled by Mr. Lista		

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

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(9-02)

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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 Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		d 8. Price of f Derivative g Security (Instr. 5) nd 4)	
		Code V	(A) (D)	Date Exercisable	Expiration Date	or	ount nber res	

Reporting Owners

Reporting Owner Name / Addre	285	Relationships							
	Director	10% Owner	Officer	Other					
LISTA GEORGE C/O SUSSEX BANK 399 ROUTE 23 FRANKLIN, NJ 07416				CEO of Tri-State					
Signatures									
Candace Leatham POA	09/09/2008								
**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).

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.