Wallace Sarah Form 5 January 10, 2012

FORM 5

Common

Common

Stock

Stock

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OMB APPROVAL

FUNI								OMB			
	UNITED		S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Number:	3235-0362		
Check the no longer		Wa						Expires:	January 31,		
to Section Form 4 o 5 obligation	n 16. r Form ANN ions							Estimated average burden hours per response 1.0			
See Instru 1(b). Form 3 H Reported Form 4 Transacti Reported	Filed pure Holdings Section 176	rsuant to Section (a) of the Public U 30(h) of the I	Itility Holdi	ng Compa	ny Ac	et of 1		n			
1. Name and a Wallace Sa	Address of Reporting rah	Symbol	PARK NATIONAL CORP /OH/				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (nent for Issuer' Day/Year) 2011	's Fiscal Year	Ende	_	_X Director Officer (give elow)		% Owner her (specify		
50 NORTH	I THIRD STREE	Т									
	(Street)		endment, Date onth/Day/Year)	Original		6	. Individual or Jo	oint/Group Re			
NEWARK	, OH 43055					_	X_ Form Filed by Form Filed by l erson				
(City)	(State)	(Zip) Tab	ole I - Non-De	rivative Secu	ırities	Acqui	red, Disposed of	f, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		uired of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/31/2011	Â	J	Amount 45.2678	(D)	Price \$ (1)	339.3537	I	DRIP		
									Sarah R.		

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Wallace

Grantor Trust

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Reminder: Resecurities ben	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.						SEC 2270 (9-02)		
Common Stock	Â	Â	Â	Â	Â	Â	525	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member
Common Stock	Â	Â	Â	Â	Â	Â	525	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member
Common Stock	Â	Â	Â	Â	Â	Â	525	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member

 $\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		/. Title		8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D		Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					i, and 5)					
									Amount	
						Data	Evaluation		or	
							Expiration Date		Number	
									of	
					(A) (D)				Shares	
					. , . ,					

Of D So B O

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Wallace Sarah
50 NORTH THIRD STREET | Â X | Â | Â | Â

NEWARK, OHÂ 43055

Signatures

Sarah R. Wallace by David L. Trautman, 01/10/2011

**Signature of 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).

Date

(1) DRIP Update

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.

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