#### OHIO VALLEY BANC CORP

Form 4

August 15, 2013

## FORM 4

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

OMB Number: 3235-0287

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

**OMB APPROVAL** 

Section 16. Form 4 or 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

response...

1(b).

(C:+-)

(Ctata)

(7:m)

(Print or Type Responses)

1. Name and Address of Reporting Person * BARNITZ ANNA P			2. Issuer Name and Ticker or Trading Symbol OHIO VALLEY BANC CORP [OVBC]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) 420 3RD AVI	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/14/2013	_X_ Director 10% Owner Officer (give title below) Other (specify 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		
GALLIPOLIS	S, OH 45631	-0240		Form filed by More than One Reporting Person		

	(City)	(State)	(Zip) Tal	ble I - Non	-Derivative S	ecurit	ies Acquire	d, Disposed of, or	r Beneficially	Owned
Secu (Inst	tr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities on Disposed of (Instr. 3, 4 and Amount	(D)	Price	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)
Sha	nmon	08/14/2013		<u>J(1)</u>	170.9874	A	\$ 22.3066	4,047.9136	D	
Co: Sha	nmon	08/14/2013		J(2)	0.2425	A	\$ 22.3066	25.983	I	Custodian For Daughter
Co: Sha	nmon	08/14/2013		J(2)	0.2425	A	\$ 22.3066	25.983	I	Custodian For Son (hmb)
Cor	nmon	08/14/2013		J <u>(2)</u>	0.2425	A	\$ 22.3066	25.983	I	Custodian For Son (bab)

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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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans

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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						]
	•				(A) or						]
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						-	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

**GALLIPOLIS, OH 45631-0240** 

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BARNITZ ANNA P							
420 3RD AVE.	X						
P.O. BOX 240	Λ						

## Signatures

/s/ Deborah A. Carhart - Power of Attorney 08/15/2013

\*\*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) Shares acquired through OVBC's Dividend Reinvestment Plan (DRIP) and voluntary cash for DRIP.
- (2) Acquisition under Ohio Valley Banc Corp. Dividend Reinvestment 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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