

MANCUSO ROBERT J  
Form 3  
June 02, 2010

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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)

<p>1. Name and Address of Reporting Person *</p> <p>MANCUSO ROBERT J</p> <p>(Last) (First) (Middle)</p> <p>102 E. DRINKER ST.</p> <p>(Street)</p> <p>DUNMORE, PA 18512</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>06/02/2010</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>FIRST NATIONAL COMMUNITY BANCORP INC [FNCB]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Administrative Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
--	---	---	--	---	---

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	5,287 <sup>(1)</sup>	D	^
Common Stock	66,068 <sup>(1)</sup>	D	^
Common Stock	5,287 <sup>(1)</sup>	D	^

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

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
---	---	--	---------------------------	----------------------	--

Edgar Filing: MANCUSO ROBERT J - Form 3

	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Options	02/23/2002	08/22/2011	Common Stock	1,000	\$ 6.1	D	Â
Options	03/01/2003	08/28/2012	Common Stock	5,250	\$ 5.81	D	Â
Options	05/27/2004	11/26/2013	Common Stock	4,125	\$ 10.01	D	Â
Options	05/24/2005	11/24/2014	Common Stock	1,375	\$ 16.71	D	Â
Options	05/23/2006	11/23/2015	Common Stock	1,650	\$ 19.31	D	Â
Options	05/29/2007	11/29/2016	Common Stock	1,650	\$ 23.13	D	Â
Options	05/13/2008	11/13/2017	Common Stock	2,500	\$ 16.9	D	Â
Options	07/05/2009	01/05/2019	Common Stock	4,000	\$ 10.81	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MANCUSO ROBERT J 102 E. DRINKER ST. DUNMORE, PA 18512	Â	Â	Â Chief Administrative Officer	Â

## Signatures

Robert J Mancuso 06/02/2010

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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) Co-owner with spouse

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.