

BOSTIC SUE A  
Form 4  
November 15, 2005

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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)

1. Name and Address of Reporting Person \*  
BOSTIC SUE A

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) (First) (Middle)  
420 3RD AVE., P.O. BOX 240  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
11/15/2005

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
VP - OVBC

GALLIPOLIS, OH 456310240

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)			
			Code	V	Amount	(A) or (D)	Price			
Common Stock	11/15/2005		J(1)	V	0.0318	A	\$ 25.15	5.0318	I	By SAB c/f AEB
Common Stock	11/15/2005		J(1)	V	0.5288	A	\$ 25.15	83.6338	I	By SAB c/f CMB
Common Stock	11/15/2005		J(1)	V	0.7535	A	\$ 25.15	119.2041	I	By SAB c/f KEB
Common Stock	11/15/2005		J(1)	V	0.54	A	\$ 25.15	85.4212	I	By SAB c/f KLB
Common Stock	11/15/2005		J(1)	V	0.4445	A	\$ 25.15	70.2927	I	By SAB c/f MHB

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Common Stock	11/15/2005	J <sup>(2)</sup>	V	69.8318	A	\$ 25.15	202.7519	I	By SAB c/f SEB
Common Stock - w/Husband	11/15/2005	J <sup>(1)</sup>	V	36.2123	A	\$ 25.15	5,728.3141	D	
Common Stock							3,935.9369	I	By ESOP

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.**

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(9-02)

**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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned (Instr. 3 and 4)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BOSTIC SUE A 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 456310240			VP - OVBC	

## Signatures

By: Deborah A. Carhart - Power of Attorney  
11/15/2005

\_\_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).

(2) Shares acquired through OVBC's Dividend Reinvestment Plan (DRIP) and voluntary cash for DRIP.

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.