Wallace Sarah Form 5/A February 17, 2011

Stock

OMB APPROVAL FORM 5

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UNITED STATES SECURITIES AND EXCHAN Check this box if Washington, D.C. 20549							E CO	MMISSION	number.	3235-0362 January 31,		
no longer to Section Form 4 o	n 16.	CATEMENT OF CHANGES IN BENEFICIAL						Estimated average				
5 obligat may cont See Instr	OWNERSHIP OF SECURITIES burden hours per response Section 16(a) of the Securities Exchange Act of 1934,											
1(b).	Filed pur Holdings Section 17(a) of the I	Public U		ng Compai	ny Ao	et of 1		n			
1. Name and Wallace Sa	Address of Reporting arah	Person *	Symbol Iss PARK NATIONAL CORP /OH/					6. Relationship of Reporting Person(s) to ssuer (Check all applicable)				
(Last) (First) (Middle)									% Owner			
		(Month/Day/Year) —— Officer (give title —— Other (specify below)										
50 NORTH	I THIRD STREE	Γ										
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year) 01/05/2011				6. Individual or Joint/Group Reporting (check applicable line)					
NEWARK	, OH 43055						_	X_ Form Filed by _ Form Filed by lerson				
(City)	(State)	(Zip)	Tab	le I - Non-Dei	rivative Secu	ırities	Acqui	red, Disposed of	f, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any			4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Amount	(A) or (D)	Price	(Instr. 3 and 4)	(Instr. 4)			
Common Stock	12/31/2010(1)	Â		J	15.5126	A	\$ <u>(1)</u>	294.0859	I	DRIP		
Common Stock	Â	Â		Â	Â	Â	Â	2,349	I	Sarah R. Wallace Grantor Trust		
Common	Â	Â		Â	Â	Â	Â	360	D	Â		

Common Stock	Â	Â	3(2)	Â	Â	Â	Â	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member
Common Stock	Â	Â	3(2)	Â	Â	Â	Â	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member
Common Stock	Â	Â	3(2)	Â	Â	Â	Â	I	By Self as Trustee for Managing Agency Account for benefit of immediate family member
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 2270 (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)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. of D So Bo O En Is Fi
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Wallace Sarah
50 NORTH THIRD STREET Â X Â Â

NEWARK, OHÂ 43055

Signatures

David L. Trautman, by Power of Attorney for Sarah R. Wallace

02/17/2011

**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) Reflects shares acquired under the Park National Corporation Dividend Reinvestment Plan during the fiscal year ended December 31, 2010
- (2) These shares were omitted from the reporting person's original Form 3. She was trustee of the managing agency account which held these common shares on April 20, 2009, the date on which she became a director of Park National Corporation.

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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