Edgar Filing: COMMUNITY BANCORP /VT - Form 3

Number:

Expires:

response...

Estimated average burden hours per

January 31,

2005

0.5

COMMUNITY BANCORP /VT Form 3 October 26, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number 3235-0104

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)

1. Name and Address of Reporting Person <u>*</u> Malone Patrick M		2. Date of Event Requirin Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol COMMUNITY BANCORP /VT [CMTV]					
(Last) (First)	(Middle)	10/14/2015		4. Relationship of Reporting Person(s) to Issuer		endment, Date Original nth/Day/Year)			
4811 US ROUTE 5 (Street) NEWPORT, VTÂ	05855		X_ Director Officer	all applicable) 10% Ov Other) (specify below	vner Filing(Ch _X_Form) Person	dual or Joint/Group teck Applicable Line) filed by One Reporting filed by More than One Person			
(City) (State)	(Zip)	Table I	- Non-Derivati	ve Securities	Beneficiall	eneficially Owned			
1.Title of Security (Instr. 4)		2. Amoun Beneficial (Instr. 4)	lly Owned	Ownership (A. Nature of Ind Dwnership Instr. 5)	irect Beneficial			
Reminder: Report on a so owned directly or indirect	•	ch class of securities bene	ficially SE	EC 1473 (7-02)					
inf rec cu	ormation conta quired to respo rrently valid Ol	bond to the collection hined in this form are n nd unless the form dis MB control number.	not splays a	warrants, optio	ns, convertible	e securities)			
1. Title of Derivative Sec (Instr. 4)			tle and Amount of rities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership			

Derivative Security

Amount or

Number of

Shares

(Instr. 4)

Title

Expiration

Date

or Exercise

Derivative

Price of

Security

Form of

Derivative

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

(Instr. 5)

(Month/Day/Year)

Exercisable

Date

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships				
		10% Owner	Officer	Other		
Malone Patrick M 4811 US ROUTE 5 NEWPORT, VT 05855	ÂX	Â	Â	Â		
Signatures						
Patrick M. Malone	10/26/2015					
<u>**</u> Signature of Reporting Person	Date					

Explanation of Responses:

No securities are beneficially owned

* 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).

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.