Edgar Filing: PADEN FRANK L - Form 4

PADEN FR	ANK L											
Form 4												
June 21, 20	18											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNER					Expires:	January 31, 2005		
								ERSHIP OF	Estimated average			
Section 16. SECURIT					RITIES		burden hour	s per				
Form 4 Form 5		mount to C	action	16(a) of t	ha Saanniti	ac Er	rohonco	A at of 1024	response	0.5		
obligati	-						•	e Act of 1934, 1935 or Section				
may con	iunue.			•	t Company							
<i>See</i> Inst 1(b).	ruction	50(11) 0	n uie n	nvestmen	it Compan	y 1101	. 01 1740	0				
(Print or Type	Responses)											
1 Name and	Address of Reporting	Person *	2 1		J T:	Г J :	_	5. Relationship of I	Penorting Perso	n(s) to		
1. Name and Address of Reporting Person *2. Issuer Name and TickerPADEN FRANK LSymbol				a ficker or	I radin	-0	Issuer	reporting reise	JII(3) to			
CO			CONSUMERS BANCORP INC				С					
				DH/ [CBKM]				(Check all applicable)				
(Last)	(First) ((Middle)	3. Date o	of Earliest 7	Fransaction			_X_ Director		Owner		
		(Month/Day/Year)			Officer (give the below)	itle Other below)	(specify					
7465 JAGUAR DR 06			06/15/2018									
				. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			•				Applicable Line) _X_ Form filed by One Reporting Person					
BOARDM	AN, OH 44512							Form filed by Mo				
	111, 011 +1512							Person				
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative S	Securi	ties Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3. 4. Securities Acquired (A)					6.	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Code (Instr. 3, 4 and 5)				Securities	Ownership	Indirect Beneficial		
(Instr. 3)								Beneficially Owned		Ownership		
		`,	,					Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
				~		or		(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$					
Stock	06/15/2018	06/19/201	8	Р	61.6728	А	ъ 24.601	3,830.744 <u>(1</u> 8 <u>(2)</u>	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: PADEN FRANK L - Form 4

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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
PADEN FRANK L								
7465 JAGUAR DR	Х							
BOARDMAN, OH 44512								
Signatures								
/s/ Frank L. Paden	06/21/2018							
<u>**</u> Signature of	Date							

Reporting Person 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) Includes shares acquired through dividend reinvestment plan
- (2) Includes .701576 shares acquired through 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.