#### LOWERY LOUISE C

Form 5

January 20, 2010

### FORM 5

#### **OMB APPROVAL**

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

Number: Expires:

**OMB** 

3235-0362 January 31,

2005

1.0

no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response...

may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer LOWERY LOUISE C Symbol FNB CORP/FL/ [FNB] (Check all applicable) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (Month/Day/Year) Director 10% Owner Other (specify \_X\_\_ Officer (give title 12/31/2009 below) below) 1090 HIGHLAND ROAD **Executive Vice President** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line)

#### SHARON, Â PAÂ 16146-3611

\_X\_ 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 A Disposed of (D (Instr. 3, 4 and	)	d (A) or	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	Â	Â	Â	Â	Â	Â	23,937.4698 (1)	D	Â	
Common Stock	Â	Â	Â	Â	Â	Â	1,259.5547 (2)	I	Spouse	
Common Stock	03/13/2009	Â	A	2,659.5676 (3)	A	\$ 6.9347	10,509.9141 (4)	I	By Trust (401k Plan)	

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)

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# 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)				7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
					(A) (I		Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Granted 01/20/2003)	\$ 13.75	Â	Â	Â	Â	Â	01/21/2004	01/20/2013	Common Stock	4,580

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting of their remover removes	Director 10% Owner		Officer	Other			
LOWERY LOUISE C 1090 HIGHLAND ROAD SHARON, PA 16146-3611	Â	Â	Executive Vice President	Â			

## **Signatures**

/s/Louise C.
Lowery

\*\*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) Includes 1426.666 shares acquired under the F.N.B. Corporation Dividend Reinvestment Plan.
- (2) Includes 85.6684 shares acquired under the F.N.B. Corporation Dividend Reinvestment Plan.
- (3) Represents employee and/or employer contributions pursuant to exempt 401(k) Plan during FYE 2009.
- (4) Includes 627.3047 shares acquired under the F.N.B. Corporation Dividend Reinvestment Plan.

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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