

OGORMAN MICHAEL A
 Form 4
 February 08, 2008

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 *
 OGORMAN MICHAEL A

2. Issuer Name and Ticker or Trading Symbol
 CENTRUE FINANCIAL CORP
 [TRUE]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 122 W MADISON STREET
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 02/07/2008

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 MARKET PRESIDENT

OTTAWA, IL 61350
 (City) (State) (Zip)

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

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 Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		

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 1474
 (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	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount Underlying Security (Instr. 3 and 4)
---------------------------------	---------------------------	--------------------------------------	-----------------------------------	---------------------	------------------------------------	--	--

Edgar Filing: OGORMAN MICHAEL A - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am or Nur of Sha
EMPLOYEE STOCK OPTION	\$ 23.31								11/13/2006	01/20/2014	COMMON STOCK	3,
EMPLOYEE STOCK OPTION	\$ 22.92								11/13/2006	10/19/2014	COMMON STOCK	3,
EMPLOYEE STOCK OPTION	\$ 21.74								11/13/2006	09/01/2012	COMMON STOCK	3,
EMPLOYEE STOCK OPTION	\$ 19.58								11/13/2007	07/07/2013	COMMON STOCK	5,
EMPLOYEE STOCK OPTION	\$ 17.63	02/07/2008			A		5,000		02/07/2009	02/07/2015	COMMON STOCK	5,

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
OGORMAN MICHAEL A 122 W MADISON STREET OTTAWA, IL 61350			MARKET PRESIDENT	

Signatures

MICHAEL A.
O'GORMAN

02/08/2008

**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) THIS OPTION WILL VEST IN EQUAL INSTALLMENTS OF 1,000 SHARES PER YEAR OVER 5 YEARS.
 - (2) THIS OPTION WILL VEST IN EQUAL INSTALLMENTS OF 1,000 SHARES PER YEAR OVER 5 YEARS.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Edgar Filing: OGORMAN MICHAEL A - Form 4

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.