Edgar Filing: WALKER ROBERT M - Form 4

WALKER RO	OBERT M										
Form 4											
November 09	, 2005										
FORM 4UNITED STATES SECURITIES AND EXCHANCECheck 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 BENEFICIA SECURITIESFiled pursuant to Section 16(a) of the Securities I Section 17(a) of the Public Utility Holding Compari 30(h) of the Investment Company A 10)									9PROVAL 3235-0287		
					ITIES e Securiti ling Com	ies Ez ipany	xchang Act o	e Act of 1934, f 1935 or Sectio	Expires: Estimated a burden hou response n	rs per	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> WALKER ROBERT M			2. Issuer Name and Ticker or Trading Symbol FIRST NORTHERN COMMUNITY BANCORP [FNRN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(3. Date of Earliest Transaction (Month/Day/Year) 11/09/2005					Director 10% Owner Officer (give title Other (specify below) below) below) SEVP/Commercial/Retail & Trust			
	(Street)	Filed(Month/Day/Year) App _X_			Applicable Line) _X_ Form filed by (l by One Reporting Person					
DIXON, CA	95620							Form filed by M Person	Aore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	emed on Date, if 'Day/Year)	3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	spose	d of	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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/09/2005			S	2,841	D	\$ 23.5	0	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration D (Month/Day, e s	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of clying ities 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code N	(instal 5, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
WALKER ROBERT M P.O. BOX 547 195 N. FIRST STREET DIXON, CA 95620			SEVP/Commercial/Retail & Trust					
Signatures								
Lynn Campbell, AVP/Corpora w/POA	te Secreta	ry	11/09/2005					
**Signature of Reporting Per	son		Date					
Explanation of Re	spon	ses:						

* 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).

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.