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UNIVEST CORP OF PENNSYLVANIA

Form 5

January 21, 2015

OMB APPROVAL FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL burden hours per OWNERSHIP OF SECURITIES response...

OMB

Number:

Expires:

3235-0362

January 31,

2005

1.0

Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

no longer subject

to Section 16.

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 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

MORRAL WILLIAM G		2. Issuer Name and Ticker or Trading Symbol UNIVEST CORP OF PENNSYLVANIA [UVSP]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Y	Middle)	3. Statem (Month/E) 12/31/2	Fiscal Ye	ar End	led	_X_ Director Officer (give below)		% Owner ther (specify	
940 LONG	MILL ROAD									
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting			
			•	•				(chec	ck applicable lin	ne)
TELFORD,	PA 18969							_X_ Form Filed by Form Filed by Person		
(City)	(State)	(Zip)	Tabl	e I - Non-Deri	ivative Se	curitie	es Acqu	iired, Disposed o	f, or Benefici	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med n Date, if Day/Year)	3. Transaction Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5))	5. Amount of Securities Beneficially Owned at end of Issuer's	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership
					Amount	(A) or (D)	Price	Fiscal Year (Instr. 3 and 4)	(I) (Instr. 4)	
Common	Â	Â		Â	Â	Â	Â	28,006.5813 (1) (2)	D	Â
Common	Â	Â		Â	Â	Â	Â	2,170.4037 (3)	I	Spouse - Custodian for Maribeth R. Morral
Common	Â	Â		Â	Â	Â	Â	1,439	I	Spouse - Investment Management

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									Account
Common	Â	Â	Â	Â	Â	Â	1,768	I	Trustee - Emmanuel Lutheran Church Endowment Account
Common Stock (Restricted Shares Subject to Vesting)	Â	Â	Â	Â	Â	Â	1,000	D	Â
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						SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

the form displays a currently valid OMB control number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit.	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	ınt of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr.	. 3 and 4)		В
	Security				Acquired						О
					(A) or						Eı
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Exercisable	Date		of		
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MORRAL WILLIAM G 940 LONG MILL ROAD TELFORD, PA 18969	ÂX	Â	Â	Â				

Signatures

Michael S. Keim	01/21/2015				
**Signature of Reporting Person	Date				

Reporting Owners 2

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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) DOES INCLUDE 1,000 SHARES OF RESTRICTED STOCK.
- (2) DOES INCLUDE 30.3132 SHARES ACQUIRED ON OR AFTER AUGUST 15, 1996 THROUGH THE DIVIDEND REINVESTMENT PLAN.
- (3) DOES INCLUDE 1,687.6431 SHARES ACQUIRED ON OR AFTER AUGUST 15, 1996 THROUGH THE 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.