ISABELLA BANK CORP

Form 4

December 04, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

Number:

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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

See Instruction 1(b).

(Print or Type Responses)

may continue.

| 1. Name and Address of Reporting Person ** Hubscher G Charles | | | 2. Issuer Name and Ticker or Trading Symbol ISABELLA BANK CORP [ISBA] | 5. Relationship of Reporting Person(s) to Issuer |
|---|-----------|----------|---|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) |
| PO BOX 411 | | | (Month/Day/Year) 11/25/2014 | X Director 10% Owner Officer (give title below) Other (specify below) |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person |
| MT. PLEASA | NT, MI 48 | 8858 | | Form filed by More than One Reporting Person |

| MT. | PLEA | ASANT | . MI | 48858 |
|-----|------|-------|------|-------|
| | | | , | |

| (City) | (State) | (Zip) Tabl | le I - Non-I | Derivative | Secu | rities Acq | quired, Disposed of | , or Beneficial | ly 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. Securi on(A) or Di (Instr. 3, | spose | d of (D) | 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 | 11/25/2014 | | P | 500 | A | \$ 22.21 | 32,283.6151 (1) | D | |
| common | 11/25/2014 | | J | 0 | A | \$0 | 3,880.6507 (2) | I | spouse's trust |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

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| 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Title a Amount of Underlying Securities (Instr. 3 a | of ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|--|---|---------------------|--------------------|--|---------------|---|--|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Toporting O When I tune / I tune oss | Director | 10% Owner | Officer | Other | | | |
| Hubscher G Charles PO BOX 411 MT. PLEASANT, MI 48858 | X | | | | | | |

Signatures

G. Charles
Hubscher

**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 877.4487 shares acquired during 2014 under the dividend reinvestment plan.
- (2) Includes 107.1329 shares acquired during 2014 under the 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.

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