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Schrecongost Form 4	James R									
November 14	, 2011									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										PPROVAL 3235-0287
								irs per		
(Print or Type Re	esponses)									
1. Name and Ad Schrecongost	2. Issuer Name and Ticker or Trading Symbol MUTUALFIRST FINANCIAL INC [MFSF]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O MUTUA INC., 110 E.	3. Date of Earliest Transaction (Month/Day/Year) 11/10/2011					X_Director10% Owner Officer (give titleOther (specify below) below)				
	Filed(Month/Day/Year) Applicable Line) _X_ Form filed b					Applicable Line) _X_ Form filed by	oint/Group Filing(Check One Reporting Person More than One Reporting			
MUNCIE, IN	47305							Person		-F8
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executi any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l 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 Stock	11/10/2011			Р	500	A	\$ 7.4	2,500	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	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				
Schrecongost James R C/O MUTUALFIRST FINAN 110 E. CHARLES STREET MUNCIE, IN 47305	CIAL INC.	X						
Signatures								
/s/ Rosalie A. Petro, POA	11/14/2011							
**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).

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.