Edgar Filing: Abbate Mark L - Form 4

Abbate Mark	L										
Form 4											
February 22, 2	2010										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	UNITED S	TATES					NGE	COMMISSION	ОМВ	3235-0287	
Charle this	- h		Was	hington,	D.C. 205	549			Number:		
Check this box if no longer									Expires:	January 31, 2005	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				NERSHIP OF	Estimated average		
	Section 16.				SECURITIES				burden hours		
Form 4 or Form 5									response 0.5		
obligation	L			• •			•	ge Act of 1934,			
may conti				-	-			f 1935 or Sectio	n		
See Instru	ction	30(n)	of the Inv	vestment (Company	y Act	OI 19	40			
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to				
Abbate Mark L Symbol				-				Issuer			
			MERID	RIDIAN INTERSTATE				(Check all applicable)			
I			BANCO	BANCORP INC [EBSB]				(Check an applicable)			
(Last)	(First) (M	iddle)	3. Date of	Date of Earliest Transaction				Director 10% Owner			
(Month			(Month/Da	/Ionth/Day/Year)				XOfficer (give titleOther (specify below) below)			
10 MERIDIA	AN STREET		01/26/20)10				· · · · · · · · · · · · · · · · · · ·	Treasurer & CF	50	
			4. If Amer	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
								Applicable Line)			
				•				_X_ Form filed by (
EAST BOST	ON, MA 02128							Form filed by M Person	More than One Ro	eporting	
(City)	(State) (Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Dee	med	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Executio	on Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect	
(Instr. 3)		any		(Instr. 8) (Instr. 3, 4 and 5)			Beneficially	-, (_,	Beneficial		
		(Month/	Day/Year)				Owned Following	Ownership (Instr. 4)			
								Reported	(Instr. 4)	(Insu: I)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	01/26/2010				6,000			6 000	D		
Stock	01/26/2010			А	(1)	А	\$0	6,000	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)

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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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 9.29	01/26/2010		А	17,500	01/26/2011	01/26/2020	Common Stock	17,500 (2)

Reporting Owners

**Signature of

Reporting Person

Reporting Owner Name / Addr	ress							
1	Director	10% Owner	Officer	Other				
Abbate Mark L 10 MERIDIAN STREET EAST BOSTON, MA 0212	8		SVP, Treasurer & CFO					
Signatures								
/s/ Mark L. Abbate	02/19/2010							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Shares of restricted stock vest at a rate of 20% per year commencing on January 26, 2011.

(2) Stock options vest at a rate of 20% per year commencing on January 26, 2011.

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.