#### FITZPATRICK DANIEL B

Form 4

August 07, 2009

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average 0.5

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if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

Check this box

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)

| 1. Name and Address of Reporting Person * FITZPATRICK DANIEL B |             |          | 2. Issuer Name and Ticker or Trading     Symbol     1ST SOURCE CORP [SRCE] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)                             |  |  |
|--|-------------|----------|--|--|--|--|
| (Last)   | (First)     | (Middle) | 3. Date of Earliest Transaction  | (Check an apprecion)   |  |  |
| PO BOX 160   | )2          |          | (Month/Day/Year)<br>08/05/2009   | _X_ Director 10% Owner<br>Officer (give title Other (specify below)                                  |  |  |
|  | (Street)    |          | 4. If Amendment, Date Original   | 6. Individual or Joint/Group Filing(Check  |  |  |
| SOUTH BEN  | ND, IN 4663 | 34       | Filed(Month/Day/Year)  | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |
| (City)   | (State)     | (Zip)    | Table I - Non-Derivative Securities Ac                                     | equired, Disposed of, or Beneficially Owned  |  |  |

|                                      |   |   |   |            |                              |                | 1 015011   |  |   |
|--------------------------------------|---|---|---|------------|------------------------------|----------------|--|--|---|
| (City)                               | (State)                                 | (Zip) Tab   | le I - Non-I                            | Derivative | Secu                         | rities Acq     | uired, Disposed  | of, or Beneficia   | ılly Owned  |
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) | (Instr. 3, | ispose<br>4 and<br>(A)<br>or | d of (D)<br>5) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock                      | 08/05/2009                              |   | Code V P                                | Amount 900 | (D)                          | Price \$ 16.02 | 34,900   | D  |   |
| Common<br>Stock                      | 08/06/2009                              |   | P                                       | 800        | A                            | \$ 16.1        | 35,700   | D  |   |
| Common<br>Stock                      | 08/06/2009                              |   | P                                       | 200        | A                            | \$ 16.1        | 35,900   | D  |   |
| Common<br>Stock                      | 08/06/2009                              |   | P                                       | 1,000      | A                            | \$ 16.1        | 36,900   | D  |   |
| Common<br>Stock                      |   |   |   |            |                              |                | 3,000  | I  | By immediate family   |

### Edgar Filing: FITZPATRICK DANIEL B - Form 4

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.

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

| 1. Title of | 2.           | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exerc | cisable and | 7. Titl | e and                  | 8. Price of | 9 |
|-------------|--------------|---------------------|--------------------|------------|------------|---------------|-------------|---------|------------------------|-------------|---|
| Derivativ   | e Conversion | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration Da | ate         | Amou    | nt of                  | Derivative  | J |
| Security    | or Exercise  |                     | any                | Code       | of         | (Month/Day/   | Year)       | Under   | lying                  | Security    | , |
| (Instr. 3)  | Price of     |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |             | Secur   | ities                  | (Instr. 5)  | ] |
|             | Derivative   |                     |                    |            | Securities |               |             | (Instr. | 3 and 4)               |             | ( |
|             | Security     |                     |                    |            | Acquired   |               |             |         |                        |             | J |
|             |              |                     |                    |            | (A) or     |               |             |         |                        |             | J |
|             |              |                     |                    |            | Disposed   |               |             |         |                        |             | - |
|             |              |                     |                    |            | of (D)     |               |             |         |                        |             | ( |
|             |              |                     |                    |            | (Instr. 3, |               |             |         |                        |             |   |
|             |              |                     |                    |            | 4, and 5)  |               |             |         |                        |             |   |
|             |              |                     |                    |            |            |               |             |         | Amount                 |             |   |
|             |              |                     |                    |            |            |               |             |         | or                     |             |   |
|             |              |                     |                    |            |            | Date          | Expiration  | Titla   |                        |             |   |
|             |              |                     |                    |            |            | Exercisable   | sable Date  |         |                        |             |   |
|             |              |                     |                    | Code V     | (A) (D)    |               |             |         |                        |             |   |
|             |              |                     |                    | Code V     | (A) (D)    |               | *           | Title   | Number<br>of<br>Shares |             |   |

# **Reporting Owners**

| Reporting Owner Name / Address | Relationships |
|--------------------------------|---------------|
| Reporting Owner Name / Address |               |

Director 10% Owner Officer Other

FITZPATRICK DANIEL B
PO BOX 1602 X
SOUTH BEND, IN 46634

### **Signatures**

/s/ John B. Griffin, Attorney-in-Fact for Daniel B.

Fitzpatrick 08/07/2009

\*\*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.

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