Edgar Filing: CRIST JOHN N - Form 4

| CRIST JOH Form 4 | | | | | | | | | | | |
|---|---|--|-------------------------------------|---------------------------------------|---------------------------------------|-------------------|---------------------|--|--|---|--|
| March 30, 20 | 1 / | | | | | | | | | APPROVAL | |
| | UNITED | STATES S | | | AND EX , D.C. 2 | | NGE (| COMMISSION | N OMB Number: | 3235-0287 | |
| Check th if no long subject to Section 1 Form 4 c Form 5 | ger o STATEN 16. or | ATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES | | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| obligatio may con <i>See</i> Instr 1(b). | tinue. Section 17(| a) of the Pu | | lity Hol | ding Co | mpan | y Act o | e Act of 1934, f 1935 or Sectio 40 | on | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| CRIST JOHN N Symbol | | | | | d Ticker o DRP [fm] | | C | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | | | | | - | | 1 | (Check all applicable) | | | |
| | | | | nth/Day/Year) 1/2011 | | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | |
| HARRISON | (Street) NBURG, VA 228 | Ι | 4. If Amene Filed(Month | | - | al | | · · · · · · · · · · · · · · · · · · · | | Person | |
| (City) | (State) | (Zip) | Table | I - Non-J | Derivativa | Secu | rities A <i>c</i> o | Person quired, Disposed of | of, or Benefici | ally Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution I any (Month/Day | d 3 Date, if T (y/Year) (| 3. Fransactio Code Instr. 8) | 4. Securi on(A) or D (Instr. 3, | ties Ao ispose | cquired 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 Stock | 03/11/2011 | | | Х | 1,000 (1) | А | \$ 13.25 | 9,677 | D | | |
| Common Stock | | | | | | | | 10,000 | Ι | Ву 401-К | |
| Common Stock | | | | | | | | 140 | Ι | By Roth IRA | |
| Common Stock | | | | | | | | 1,439 | I | By Traditional IRA | |

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) | 4. Transactio Code (Instr. 8) | 5. Number 6. Date Exercisable and prof Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | te | 7. Title and Amount o Underlying Securities (Instr. 3 and 4) | |
|---|---|---|--|--|---------------------|--------------------|--|--------------------------------------|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amoun or Numbe of Shares |
| Subscription Rights (right to buy) | \$ 13.25 | 03/11/2011 | X | 1,000 | 01/19/2011 | 03/11/2011 | Common Stock | 1,000 |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | |
|---|----------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| CRIST JOHN N 342 S MAIN STREET HARRISONBURG, VA 22801 | Х | | | | | | |
| Signatures | | | | | | | |
| Sylvia T. Bowman Attorney in Crist | 03 | /30/2011 | | | | | |

**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).

(1) These are shares that were held in street name and not reported by the broker/dealer to the Company in a timely fashion.

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.