ISABELLA BANK CORP

Form 5

February 12, 2009

FORM 5

OMB APPROVAL

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

January 31, Expires: 2005

3235-0362

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

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Transactions Reported

Reported 30(h) of the Investment Company Act of 1940 Form 4

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer PLAXTON PATRICIA Symbol ISABELLA BANK CORP [IBTB] (Check all applicable) (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) Director 10% Owner 12/31/2008 _X__ Officer (give title Other (specify below) below) 6651 E. ADAMS RD. Vice President (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line)

BRECKENRIDGE, Â MIÂ 48615

X Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tak	ole I - Non-De	rivative Sec	urities	Acquire	d, Disposed of,	or Beneficiall	y 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Amount	(A) or (D)	Price	Fiscal Year (Instr. 3 and 4)	(I) (Instr. 4)	
common	02/29/2008	Â	J <u>(1)</u>	63.5954	A	\$ 38	698.4405	D	Â
common	03/01/2008	Â	<u>J(2)</u>	1.4832	A	\$ 38	699.9237	D	Â
common	03/31/2008	Â	J(3)	1.9997	A	\$ 42	701.9234	D	Â
common	06/01/2008	Â	J(2)	1.694	A	\$ 42	703.6174	D	Â
common	06/30/2008	Â	<u>J(3)</u>	2.0719	A	\$ 40.75	705.6893	D	Â
common	09/01/2008	Â	J(2)	1.792	A	\$ 40.75	707.4813	D	Â

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common	09/30/2008	Â	<u>J(3)</u>	2.3745	A	\$ 35.75	709.8558	D	Â
common	11/28/2008	Â	P	80	A	\$ 24.5	789.8558	D	Â
common	12/01/2008	Â	J <u>(2)</u>	2.8572	A	\$ 24.5	792.713	D	Â
common	12/31/2008	Â	<u>J(3)</u>	9.48	A	\$ 24.25	802.193	D	Â

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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$\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	int of rlying ities	8. Price of Derivative Security (Instr. 5)
					(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of	
					(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships							
. 9	Director	10% Owner	Officer	Other				
PLAXTON PATRICIA 6651 E. ADAMS RD. BRECKENRIDGE, MI 48615	Â	Â	Vice President	Â				

Signatures

Patricia Plaxton 02/12/2009

**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).
- (1) 10% stock dividend earnings
- (2) Employee payroll purchase program

Reporting Owners 2

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(3) Dividend reinvestment earnings

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.