### Edgar Filing: Shoemaker Robert C - Form 4

Shoemaker	Robert C									
Form 4	012									
March 27, 2									PPROVAL	
FORM	Л 4 <sub>UNITEI</sub>	) STATES	S SECU	RITIES A	AND EXO	CHANG	E COMMISSION			
				ashington				Number:	3235-0287	
Check t				U	·			Expires:	January 31,	
if no lor subject	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average burden hours per					
Section 16.										
Form 4 Form 5	Form 4 or			1((-) - f 4		·		response	. 0.5	
obligati	ong *						ange Act of 1934, ct of 1935 or Sectio	n		
may con	ntinue.			nvestmen	•	<b>- -</b>		11		
<i>See</i> Inst 1(b).	ruction	()			· · · · · · ·	<i>j</i>				
(Print or Type	Responses)									
1 Name and	Address of Reportin	g Person *	<b>2</b> T	N	J T: -1	T 1'	5. Relationship of	Reporting Per	rson(s) to	
Shoemaker			2. Issuer Name <b>and</b> Ticker or Trading Symbol			Issuer				
			ACCESS NATIONAL CORP							
			[ANCX]				(Chec	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date	of Earliest T	ransaction		X_ Director		% Owner	
			(Month/Day/Year)			XOfficer (give titleOther (specify below) below)				
	ESS NATIONAL		01/25/	2011			· · · · · · · · · · · · · · · · · · ·	Vice President	t, CCO	
	ATION, 1800 RC DRIVE, SUITE :									
FULTON		500	4 10 4						(6) 1	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			Thea(W	Sildi/Day/Tea	")		_X_ Form filed by 0			
RESTON,	VA 20191						Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	<b>T</b> .1	T. NT 1		G		6 D 6 . '	II. ()	
		· • ·					Acquired, Disposed of		•	
1.Title of Security	2. Transaction Dat (Month/Day/Year)			3. Transactio	4. Securiti MAcquired			5. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	()	Code Disposed of (D)			Beneficially (	D) or Indirect				
		(Month/D	ay/Year)	(Instr. 8)	(Instr. 3, 4	and 5)	· · · · · · · · · · · · · · · · · · ·	I) Instr. 4)	Ownership (Instr. 4)	
							Reported	illsu. 4)	(IIISU. 4)	
						(A) or	Transaction(s)			
				Code V	Amount	(D) Pric	(Instr. 3 and 4)			
Reminder: Re	port on a separate li	ne for each c	lass of sec	urities bene	ficially own	ed directly	v or indirectly			
	port on a separate fi			and bolle		uncett	, et maneedy.			

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)

## **Reporting Owners**

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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 prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D So (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
options to purchase	\$ 6.68	01/25/2011		А	7,500	07/25/2013	07/25/2014	common stock	7,500	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Shoemaker Robert C C/O ACCESS NATIONAL CORPORATION 1800 ROBERT FULTON DRIVE, SUITE 300 RESTON, VA 20191	Х		Executive Vice President, CCO			
Signatures						
Sheila M. Linton, as attorney-in-fact for Robert C. Shoemaker		03/27/2012				
<pre>**Signature of Reporting Person</pre>		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.