

ISABELLA BANK CORP
Form 5
February 12, 2009

FORM 5

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

OMB APPROVAL

OMB Number: 3235-0362
Expires: January 31, 2005
Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person *
PLAXTON PATRICIA

2. Issuer Name and Ticker or Trading Symbol
ISABELLA BANK CORP [IBTB]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

6651 E. ADAMS RD.

(Street)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
12/31/2008

Director 10% Owner
 Officer (give title below) Other (specify below)
Vice President

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting (check applicable line)

BRECKENRIDGE, MI 48615

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

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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)	(A) or (D)	Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
common	02/29/2008	Â	J ⁽¹⁾	63.5954	A	\$ 38	698.4405	D	Â
common	03/01/2008	Â	J ⁽²⁾	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	J ⁽³⁾	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

Edgar Filing: ISABELLA BANK CORP - Form 5

common	09/30/2008	Â	J ⁽³⁾	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 ⁽²⁾	2.8572	A	\$ 24.5	792.713	D	Â
common	12/31/2008	Â	J ⁽³⁾	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.

SEC 2270 (9-02)

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)	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, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E I S F I
					(A) (D)	Date Exercisable Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

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

Edgar Filing: ISABELLA BANK CORP - Form 5

(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.