**ORIE JAMES** Form 5

January 20, 2010

### FORM 5

#### **OMB APPROVAL**

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

**OMB** 3235-0362 Number: January 31, Expires:

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

Check this box if

2005 Estimated average burden hours per

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES response... 1.0

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

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

Transactions Reported

1. Name and Address of Reporting Person * ORIE JAMES			2. Issuer Name <b>and</b> Ticker or Trading Symbol FNB CORP/FL/ [FNB]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)			
			(Month/Day/Year)	Director 10% Owner			
138 COLLEGE AVENUE			12/31/2009	X Officer (give title Other (specify below)  Chief Legal Officer			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Reporting			
			Filed(Month/Day/Year)	(check applicable line)			
BEAVER,Â	PAÂ 15009			_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting			

BEAVER,	Â	PAÂ	15009
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(City)

Person

(City)	(State)	(Zip) Ta	ble I - Non-Do	erivative Secu	ırities	Acquired,	Disposed of, or B	Seneficially O	wned
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 Disposed of (Instr. 3, 4 and	(D)	red (A) or	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 Stock	Â	Â	Â	Â	Â	Â	15,469.4303 (1)	D	Â
Common Stock	03/13/2009	Â	A	580.9483 (2)	A	\$ 7.0781	3,735.3478 (3)	I	By Trust (401k Plan)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Zin)

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**SEC 2270** (9-02)

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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 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. Num of Deriv Secu Acqu (A) of Disp of (E) (Institute, and	vative rities nired or osed o) r. 3,	6. Date Exer Expiration D (Month/Day,	ate	7. Title and A Underlying S (Instr. 3 and	Securities
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Granted 01/22/2001)	\$ 10.44	Â	Â	Â	Â	Â	(4)	01/22/2011	Common Stock	9,051
Stock Options (Granted 01/23/2000)	\$ 10.21	Â	Â	Â	Â	Â	(4)	01/23/2010	Common Stock	8,807
Stock Options (Granted 01/20/2002)	\$ 12.94	Â	Â	Â	Â	Â	(4)	01/20/2012	Common Stock	5,366
Stock Options (Granted 01/20/2003)	\$ 13.75	Â	Â	Â	Â	Â	(4)	01/20/2013	Common Stock	5,270

# **Reporting Owners**

Reporting Owner Name / Address	Kelationships				
	Director	10% Owner	Officer	Other	
ORIE JAMES 138 COLLEGE AVENUE BEAVER, PA 15009	Â	Â	Chief Legal Officer	Â	

## **Signatures**

/s/James G. Orie	01/20/2010		
**Signature of Reporting Person	Date		

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## **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) Includes 903.4514 shares acquired under the F.N.B. Corporation Dividend Reinvestment Plan.
- (2) Represents employee and/or employer contributions pursuant to exempt 401(k) Plan during FYE 2009.
- (3) Includes 231.9945 shares acquired under the F.N.B. Corporation Dividend Reinvestment Plan.
- (4) Options are fully vested and are available for immediate exercise.

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.