Edgar Filing: CAMPBELL ROBERT J - Form 4

CAMPBELI Form 4	L ROBERT J								
December 0	2,2005								
		OMB APPROVAL							
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287
Check th if no lon subject t Section Form 4 o Form 5	ger o STATEN 16. or Filed pur			SECUI	RITIES		WNERSHIP OF	Expires: Estimated burden hou response	urs per
obligatic may con <i>See</i> Instr 1(b).	ns Section 17(ruction	a) of the l	Public U	Itility Hol	ding Co		of 1935 or Sectio	on	
(Print or Type	Responses)								
1. Name and A CAMPBEL	2. Issuer Name and Ticker or Trading Symbol CAMDEN NATIONAL CORP				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[CAC]				(ene	ek un appliedoi	()
(Last) 2 ELM STE	(First) (REET / P.O. BOX	Middle) X 310		of Earliest T Day/Year) 2005	ransaction		X Director Officer (give below)		% Owner her (specify
	(Street)			endment, D onth/Day/Yea	-	վ	6. Individual or J Applicable Line) _X_ Form filed by Form filed by	One Reporting P	erson
CAMDEN,	ME 04843						Person	wore than one R	epotting
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	Disposed (Instr. 3,	(A) or of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	(D) Price			
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly of	or indirectly.		
					inforr	nation cont	spond to the collec ained in this form ond unless the for	are not	SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

number.

displays a currently valid OMB control

Edgar Filing: CAMPBELL ROBERT J - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Instr.
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	12/01/2005	D	3,556	(2)	(3)	Common Stock	3,556	\$ 36

Reporting Owners

Reporting Owner Name / Address		Relationsh		
Reporting Owner Funct Francess	Director	10% Owner	Officer	Other
CAMPBELL ROBERT J 2 ELM STREET / P.O. BOX 310 CAMDEN, ME 04843	Х			
Signatures				
Eric Boucher, as Power of Attorney	12/	02/2005		
**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) Conversion rate is 1 for 1.

Date Exercisable and Expiration Date - Upon the termination of services as a Director for the Company or its subsidiaries for any reason,
 (2) including death, disability or retirement, the Company will distribute the entire value of the phantom stock in cash to the participant, taking into account earnings and losses thereon, to the participant (or his/her Beneficiary or Beneficiaries, as applicable).

Date Exercisable and Expiration Date - Upon the termination of services as a Director for the Company or its subsidiaries for any reason,(3) including death, disability or retirement, the Company will distribute the entire value of the phantom stock in cash to the participant, taking into account earnings and losses thereon, to the participant (or his/her Beneficiary or Beneficiaries, as applicable).

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.