ROBINSON CATHY A

Form 4

January 03, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

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OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

(State)

(Zip)

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(b).

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **ROBINSON CATHY A** Issuer Symbol Community Bancorp [CBON] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X_ Officer (give title Other (specify 400 S. 4TH STREET, SUITE 215 12/29/2005 below) below) EVP/CFO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting LAS VEGAS, NV 89101 Person

(5)	()	Table	l - Non-Dei	rivative Se	curitie	s Acqu	irea, Disposea of	, or Beneficiali	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ties Ac	quired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of			Securities	Ownership	Indirect	
(Instr. 3)		any	Code	(D)		Beneficially	Form: Direct	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5	5)	Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					(4)		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
GOV (1) (O)	T		Code V	Amount	(D)				
COMMON	12/29/2005	12/29/2005	M	5,100	А	\$	13,750	D	
STOCK	12/2//2003	12/2/12003	171	5,100	. .	3.92	15,750	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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1. Title of Derivative Security (Instr. 3)	ive Conversion (Month/Day/Year) Execution Date, if Transactionol or Exercise any Code Some Derivative Security Execution Date, if Transactionol or Exercise (Month/Day/Year) (Instr. 8) A Derivative (Associated or Execution Date, if Transactionol or Execution Date, if Transactionol or Exercise (Month/Day/Year) (Instr. 8) A Derivative (Associated or Execution Date, if Transactionol or Exercise (Month/Day/Year) (Instr. 8) A Derivative (Associated or Exercise (Month/Day/Year) (Instr. 8) A Derivative (Associated or Exercise (Month/Day/Year) (Instr. 8) A Derivative (Month/Day/Year) (Month/Day/Year) (Instr. 8) A Derivative (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		5. Number 6. Date Exercisable a Expiration Date Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		te	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			
				Code V	and 5)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
STOCK OPTIONS	\$ 3.92	12/29/2005	12/29/2005	M	5,100	05/19/2002	05/19/2007	COMMON STOCK	5,10

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
OBINSON CATHY A							

ROBINSON CATHY A 400 S. 4TH STREET, SUITE 215 LAS VEGAS, NV 89101

EVP/CFO

Signatures

/s/ CATHY ROBINSON

12/30/2005

**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).

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.

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