

UNIONBANCORP INC
Form 4
August 15, 2006

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
STEVENSON KURT R

(Last) (First) (Middle)

122 W MADISON STREET

(Street)

OTTAWA, IL 61350

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
UNIONBANCORP INC [UBCD]

3. Date of Earliest Transaction
(Month/Day/Year)
07/07/2006

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
SR EXEC. VICE PRESIDENT/CFO

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
____ Form filed by More than One Reporting Person

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)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		

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 1474
(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	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)

Edgar Filing: UNIONBANCORP INC - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
OPTIONS TO PURCHASE	\$ 19.6	07/07/2006	A	7,500					(1)	(2)	OPTIONS TO PURCHASE	7,500

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
STEVENSON KURT R 122 W MADISON STREET OTTAWA, IL 61350			SR EXEC. VICE PRESIDENT/CFO	

Signatures

SUZANNE FECHTER POA FOR KURT R. STEVENSON PURSUANT TO A POWER OF ATTORNEY OF CONTINUING DURATION 08/15/2006

__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) THIS OPTION WILL VEST IN EQUAL INSTALLMENTS OF 1,500 SHARES PER YEAR OVER 5 YEARS BEGINNING THE FIRST ANNIVERSARY FOLLOWING THE CONSUMMATION OF THE MERGER BETWEEN UNIONBANCORP, INC. AND CENTRUE FINANCIAL CORPORATION.
- (2) THIS OPTION WILL EXPIRE ON THE 7TH ANNIVERSARY FOLLOWING THE CONSUMMATION OF THE MERGER BETWEEN UNIONBANCORP, INC. AND CENTRUE FINANCIAL CORPORATION.
- (3) IN ADDITION TO THE 22,162 SHARES GRANTED TO THE REPORTING PERSON UNDER THE ISSUER'S STOCK OPTION PLAN, THE REPORTING PERSON HOLDS 425 SHARES DIRECTLY, 5,690 SHARES IN THE ESOP AND 593 SHARES IN THE 401K PLAN.

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.