Edgar Filing: QCR HOLDINGS INC - Form 4

| QCR HOLDI Form 4 | NGS INC | | | | | | | | | | |
|---|---------------------------|--|--|-------------|-----------|--|---|---|---|--------------------------|--|
| November 10 | , 2008 | | | | | | | | | | |
| FORM | 4 | | | | | | | | OMB A | PPROVAL | |
| | UNITED | OMB Number: | 3235-0287 | | | | | | | | |
| Check this if no longe | ar | | | | | | | | | January 31, 2005 | |
| subject to Section 16 Form 4 or Form 5 | 5. STATEN | STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES | | | | | | | Estimated average burden hours per response 0 | | |
| obligation may conti <i>See</i> Instru- 1(b). | $\frac{1}{1}$ Section 17(| a) of the l | Public U | | ling Con | ipan | y Act of | e Act of 1934, 1935 or Section 0 | 1 | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| Ziegler Marie Z. S | | | 2. Issuer Name and Ticker or Trading Symbol QCR HOLDINGS INC [QCRH] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (1 | Middle) | (C | | | | | (Chec | ck all applicable) | | |
| (| | | 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2008 | | | | | X Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| BETTENDC | ORF, IA 52722 | | | | | | | Person | lore than One Re | eporting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Execution any (Month/L | | n Date, if Transaction(A) or Disposed or Code (Instr. 3, 4 and 5) | | | d of (D) | Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 11/07/2008 | | | I | 150 | A | \$ 13.26 | 2,857 | I | by Managed Account | |
| Common Stock | 11/07/2008 | | | Ι | 350 | A | \$ 13.5 | 3,207 | I | by Managed Account | |
| Common Stock | | | | | | | | 200 | D | | |

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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displays a currently valid OMB control number.

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. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title an Amount o Underlyin Securities (Instr. 3 a | of i ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|-----------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Ziegler Marie Z. 2252 SAINT ANDREWS CIRCLE BETTENDORF, IA 52722 | Х | | | | | | |
| Signatures | | | | | | | |
| By: Rick J. Jennings For: Marie Z. Ziegler | | 11/10/2008 | 8 | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Evelopetion of Door | | | | | | | |

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.