

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2005-05-02** | Period of Report: **2005-04-28**
SEC Accession No. **0001181431-05-024459**

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ISSUER

OHIO LEGACY CORP

CIK: **1096654** | IRS No.: **341903890** | State of Incorporation: **OH** | Fiscal Year End: **1231**
SIC: **6021** National commercial banks

Mailing Address
P O BOX 959
WOOSTER OH 44691

Business Address
305 WEST LIBERTY STREET
WOOSTER OH 44691
3302620437

REPORTING OWNER

KRAMER D MICHAEL

CIK: **1214968**
Type: **3** | Act: **34** | File No.: **000-31673** | Film No.: **05788929**

Mailing Address
P O BOX 868
EVANSVILLE IN 47705-0868

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
Estimated average burden hours per response	0.5

INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person <u>KRAMER D MICHAEL</u> (Last) (First) (Middle) 305 W LIBERTY ST (Street) WOOSTER, OH 44691 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/28/2005	3. Issuer Name and Ticker or Trading Symbol <u>OHIO LEGACY CORP [OLCB]</u>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ___ Director ___ 10% Owner <u>X</u> Officer (give title below) ___ Other (specify below) <u>EVP / CHIEF OPERATING OFFICER</u>		5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check applicable line) <u>X</u> Form Filed by One Reporting Person ___ Form Filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
COMMON SHARES, WITHOUT PAR VALUE	200	D	

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
OPTION (A), RIGHT TO BUY	04/28/2008	04/28/2015	COMMON SHARES, WITHOUT PAR VALUE	15,000	\$12	D	

Signatures

D. MICHAEL KRAMER

** Signature of Reporting Person

05/02/2005

Date

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

* 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.

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 Number.