

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2009-01-26** | Period of Report: **2009-01-22**  
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ISSUER

**MidWestOne Financial Group, Inc.**

CIK: **1412665** | IRS No.: **421206172** | State of Incorporation: **IA** | Fiscal Year End: **1231**  
SIC: **6022** State commercial banks

Mailing Address  
*102 SOUTH CLINTON ST.  
IOWA CITY IA 52240*

Business Address  
*102 SOUTH CLINTON ST.  
IOWA CITY IA 52240  
319-356-5800*

REPORTING OWNER

**POTHOVEN JOHN P**

CIK: **1254732**  
Type: **3** | Act: **34** | File No.: **333-147628** | Film No.: **09545495**

Business Address  
*P O BOX 1104  
OSKALOOSA IA 52577  
641 673 8448*

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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### 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 <b>POTHOVEN JOHN P</b>  (Last) (First) (Middle) <b>102 SOUTH CLINTON STREET</b>  (Street) <b>IOWA CITY, IA 52240</b>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <b>01/22/2009</b>	3. Issuer Name and Ticker or Trading Symbol <b>MidWestOne Financial Group, Inc. [MOFG]</b>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> 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 Stock	27,475	D	
Common Stock	600	I	Self/UTMA Custodian Minor Grandchildren (1)
Common Stock	14,999	I	By IRA
Common Stock	34,663	I	By ESOP

**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			
Stock Option	(2)	12/31/2012	Common Stock	4,750	\$16.86	D	
Stock Option	(2)	12/31/2013	Common Stock	4,987	\$19.75	D	
Stock Option	(2)	12/31/2014	Common Stock	4,750	\$21.94	D	
Stock Option	(2)	12/30/2015	Common Stock	2,375	\$18.71	D	

**Explanation of Responses:**

1. Registered to self as custodian for minor grandchildren under Uniform Transfers to Minors Act. The reporting person disclaims beneficial ownership of these shares, and this report shall not be deemed an admission that the reporting person is the beneficial owner of these shares for purposes of Section 16 or for any other purpose.
2. Fully vested.

### Signatures

Kenneth R. Urmie, as Power of Attorney dated January 22, 2009

01/26/2009

\*\* Signature of Reporting Person

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.**

