SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2005-05-02** | Period of Report: **2005-05-02** SEC Accession No. 0001181431-05-024675

(HTML Version on secdatabase.com)

ISSUER

AUBURN NATIONAL BANCORPORATION INC

CIK:750574| IRS No.: 630885779 | State of Incorp.:DE | Fiscal Year End: 1231

SIC: 6022 State commercial banks

Mailing Address 100 NORTH GAY STREET P O DRAWER 3110 AUBURN AL 36831 Business Address 100 N GAY ST P O DRAWER 3110 AUBURN AL 36831-3110 3348219200

REPORTING OWNER

DUMAS ROBERT W

CIK:1195616

Type: 4 | Act: 34 | File No.: 000-26486 | Film No.: 05790734

Mailing Address 100 NORTH GAY STREET PO BOX 3110 AUBURN AL 36830 Business Address 3348219200

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
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Estimated average burden										
hours ner resnonse	0.5									

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 * DUMAS ROBERT W			2. Issuer Name and Ticker or Trading Symbol AUBURN NATIONAL BANCORPORATION INC [AUBN]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/02/2005	President & CEO				
784 ANNABROO	OK DRIVE							
AUBURN, AL 30	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing (Check applicable line) XForm Filed by One Reporting PersonForm Filed by More than One Reporting Person				
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/ Day/Year)	Date, if any	Transaction Code (Instr.		Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	Ownership	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		(Month/ Day/Year)	Code	V	Amount	(A) or (D)		Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	
common stock	05/02/2005		<u>P</u>		200	A	\$11.35	31,463 (1)	D	

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

(e.g., pate, cane, warrante, options, convertible occurrities)												/			
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. Transac Code (Instr. 8		of Deriv Secu Acqu (A) o Dispo of (D (Instr	Day/Year) ivative surities quired or posed D)			Amount of Securities Underlying		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
common stock	\$11.35	05/02/2005		X			200	05/02/2005	12/31/2005	aubn	200	(<u>2</u>)	200	D	

Explanation of Responses:

- 1. increased securities owned by 83 aubn drip shares
- 2. Exercised stock option

Signatures

/s/ Robert W Dumas

05/02/2005

** 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.