

SPARKMAN RICKY D  
 Form 5  
 February 14, 2003

**FORM 5**

ANNUAL STATEMENT OF  
 CHANGES IN BENEFICIAL OWNERSHIP

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

Form 3 Holdings Reported

Form 4 Transactions Reported

- Name and Address of Reporting Person\*

|          |                    |
|----------|--------------------|
| (Last)   | Sparkman           |
| (First)  | Ricky              |
| (Middle) | D.                 |
| (Street) | 1218 East Broadway |
| (City)   | Campbellsville     |
| (State)  | KY                 |
| (Zip)    | 42718-1548         |
|          |                    |

- Issuer Name and Ticker or Trading Symbol

|                            |                               |
|----------------------------|-------------------------------|
| (Issuer Name)              | Community Trust Bancorp, Inc. |
| (Ticker or Trading Symbol) | CTBI                          |

- I.R.S. or Social Security Number of Reporting Person (Voluntary)

|               |  |
|---------------|--|
| (I.D. Number) |  |
|---------------|--|

- Statement for Month/Day/Year

|         |          |
|---------|----------|
| (Month) | December |
| (Year)  | 2002     |

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|  |  |
|--|--|
|  |  |
|--|--|

• If Amendment, Date of Original (Month/Day/Year)

|             |  |
|-------------|--|
| (Month/Day) |  |
| (Year)      |  |
|             |  |

• Relationship of Reporting Person(s) to Issuer (Check all applicable)

X

|   |   |
|---|---|
|   | (Director)  |
| X | (Officer, include title) Executive Vice President |
|   |   |
|   | (10% Owner)                                       |
|   | (Other, specify below)                            |
|   |   |

• Individual or Joint/Group Filing (Check Applicable Line)

X

|   |  |
|---|--|
| X | 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<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4, and 5) |            |       | 5. Amount of Securities Beneficially Owned at End of Issuer's Fiscal Year<br>(Instr. 3 & 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|------------------------------------|---|--------------------------------|---|------------|-------|---|---|--|
|                                    |   |                                | Amount  | (A) or (D) | Price |   |   |  |
| Common Stock                       |   |                                |   |            |       | 1,032.546(1)  | I   | By ESOP  |

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|              |  |  |  |  |  |              |   |                |
|--------------|--|--|--|--|--|--------------|---|----------------|
| Common Stock |  |  |  |  |  | 1,187.895(1) | I | By 401(k) Plan |
|              |  |  |  |  |  |              |   |                |
|              |  |  |  |  |  |              |   |                |
|              |  |  |  |  |  |              |   |                |
|              |  |  |  |  |  |              |   |                |
|              |  |  |  |  |  |              |   |                |
|              |  |  |  |  |  |              |   |                |

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).

**FORM 5 (Continued)**

Table II - Derivative Securities Acquired, Disposed of or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security<br>(Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date<br>(Month/Day/Year) | 4. Transaction Code<br>(Instr.8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 6. Date Exercisable and Expiration Date<br>(Month/Day/Year) |                 |
|---|--|---|----------------------------------|---|-----|---|-----------------|
|   |  |   | Code                             | (A)   | (D) | Date Exercisable  | Expiration Date |
|   |  |   |                                  |   |     |   |                 |
|   |  |   |                                  |   |     |   |                 |
|   |  |   |                                  |   |     |   |                 |



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the CTBI 401(k) Plan.

\*\*Intentional misstatements or omissions of facts constitute Federal /s/ Ricky D. Sparkman by Marilyn T. Justice,  
Attorney-in-Fact \*\*Signature of Reporting Person H2/11/03-Date

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* Instructions 6 for procedure.

To view the actual filing form and general Instructions go to: <http://www.sec.gov/divisions/corpfin/forms/form5.htm>