#### COLLICH JOHN F

Form 4

Stock

December 27, 2012

								OMB AI	OMB APPROVAL		
FORM	UNITED S	STATES SE	CURITIE Washingt				NGE (	COMMISSION		3235-0287	
Check thi if no long subject to Section 10 Form 4 or	er <b>STATEM</b>	ENT OF C	HANGES	IN E			NERSHIP OF	Expires: January 3° 200 Estimated average burden hours per response 0.			
Form 5 obligation may continue of the second	Section 17(a	a) of the Pub	` '	Iold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	·		
(Print or Type R	desponses)										
			2. Issuer Name and Ticker or Trading Symbol SAUL CENTERS INC [BFS]					5. Relationship of Reporting Person(s) to Issuer			
(Loot) (First) (Middle)			,					(Check all applicable)			
(Last) (First) (Middle) 7501 WISCONSIN AVENUE, 15TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 12/26/2012					Director 10% Owner Officer (give title Other (specify below)  Sr. Vice Pres-Retail Devel.			
Filed(Mon				f Amendment, Date Original ed(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			
BETHESDA	A, MD 20814							Person			
(City)	(State)	(Zip)	Table I - No	on-De	erivative S	Secur	ities Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code Year) (Instr	Transaction(A) or D		isposed of 4 and 5)  (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares								1,545.301 (3)	I	Wife	
Series A Preferred Stock								3,473.74 (2)	I	Wife	
Common Shares								19,806.589 (4)	D		
Series A Preferred	12/26/2012		A		450	A	\$ 25.6	1,650	D		

25.6

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

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SEC 1474 (9-02)

# 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. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	6. Date Exercisal Expiration Date (Month/Day/Yea		7. Title and A Underlying S (Instr. 3 and	Securition
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option	\$ 24.91					05/23/2004	05/23/2013	Common Stock	91:
Employee Stock Option	\$ 25.78					04/26/2005(1)	04/26/2014	Common Stock	3,75
Employee Stock Option	\$ 33.22					05/06/2006(1)	05/06/2015	Common Stock	3,00
Employee Stock Option	\$ 54.17					04/27/2008(1)	04/27/2017	Common Stock	15,0
Employee Stock Option	\$ 41.82					05/13/2011(1)	05/13/2021	Common Stock	15,0
Employee Stock Option	\$ 39.29	05/04/2012		A	15,000	05/04/2012	05/04/2022	Common Stock	15,0

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
• •	Director	10% Owner	Officer	Other			
COLLICH JOHN F			Sr. Vice Pres-Retail Devel.				
7501 WISCONSIN AVENUE							
15TH FLOOR							

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BETHESDA, MD 20814

## **Signatures**

Scott V. Schneider, by Power of Attorney

12/27/2012

\*\*Signature of Reporting Person

Date

## **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).
- (1) The options will vest 25% per year over four years from the date of grant.
- (2) Balance increased by July 31, 2012 and October 31, 2012 Dividend Reinvestment Plan awards of 41.787 and 42.622 shares, respectively.
- (3) Balance increased by July 31, 2012 and October 31, 2012 Dividend Reinvestment Plan awards of 13.380 and 12.923 shares, respectively.
- (4) Balance increased by July 31, 2012 and October 31, 2012 Dividend Reinvestment Plan awards of 173.331 and 167.423 shares, respectively.

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.

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