

CENTRUE FINANCIAL CORP  
 Form 5  
 January 16, 2008

**FORM 5**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL  
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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

**ANNUAL STATEMENT OF CHANGES IN 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 *			2. Issuer Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer	
OGORMAN MICHAEL A			CENTRUE FINANCIAL CORP [TRUE]		(Check all applicable)	
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)		<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			12/31/2007		<input checked="" type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)
122 W MADISON STREET			4. If Amendment, Date Original Filed(Month/Day/Year)		MARKET PRESIDENT	
(Street)					6. Individual or Joint/Group Reporting (check applicable line)	
OTTAWA, IL 61350					<input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form 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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D) Price			

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

**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 control number.**

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**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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount Underlying Securities (Instr. 3 and 4)

	Derivative Security		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				Date Exercisable	Expiration Date	Title	Amount or Number of Shares
	(A)	(D)	(A)	(D)	(A)	(D)				
EMPLOYEE STOCK OPTION	\$ 23.31	Â	Â	Â	Â	Â	11/13/2006	01/20/2014	COMMON STOCK	3,000
EMPLOYEE STOCK OPTION	\$ 22.92	Â	Â	Â	Â	Â	11/13/2006	10/19/2014	COMMON STOCK	3,000
EMPLOYEE STOCK OPTION	\$ 21.74	Â	Â	Â	Â	Â	11/13/2006	09/01/2012	COMMON STOCK	3,000
EMPLOYEE STOCK OPTION	\$ 19.58	Â	Â	Â	Â	Â	11/13/2007	07/07/2013	COMMON STOCK	5,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
OGORMAN MICHAEL A 122 W MADISON STREET OTTAWA, IL 61350	Â	Â	Â MARKET PRESIDENT	Â

## Signatures

MICHAEL A. O'GORMAN  
01/16/2008

\_\_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) THIS OPTION WILL VEST IN EQUAL INSTALLMENTS OF 1,000 SHARES PER YEAR OVER 5 YEARS BEGINNING 11/13/07.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.