## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEFIC	IAL OWNERS	HIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average bu	urden								
-	hours nor resnance:	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* FRYE PATRICK					2. Issuer Name <b>and</b> Ticker or Trading Symbol SUMMIT FINANCIAL GROUP INC [ SMMF]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
														X	Director		10% Owner		vner		
				Olimii j											give title		Other (specify				
(Last) (First) (Middle)						st Tra	ensact	tion (Moi	nth/D	ay/Year)			below) below)								
PO BOX 680				12	12/07/2004										Sr. VP & CCO						
(Street)				4.	If Ame	endment	t, Dat	e of C	Driginal F	iled	(Month/Day	Year)		6. Individual or Joint/Group Filing (Check Applicable Line)							
MOOREFIELD WV 26836															X Form filed by One Reporting Person						
(City)		State)	(Zip)											Form filed by More than One Reporting Person							
(Oily)		-		Davis	-4:-			/		.:	D:		D-	c:		O					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Da			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Disp Code (Instr. 5)		Disposed (	. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 D)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	(A) o	r P	rice	Reported Transaction(s) (Instr. 3 and 4)		, ,		(Instr. 4)	
Common Stock												$\top$			1,9	996		D			
Common Stock															1,579				By ESOP		
			Table II -	Deriva	tive	Sec	uritie	s Ac	anii	red. Di	isno	sed of, (	or Ben	efici	ally (	)wned					
												onvertib									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Day if any (Month/Day/		ransaction of Deriva Securi Acquir (A) or Dispos of (D) (Instr.			of Expi Derivative Securities Acquired (A) or Disposed		5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owners Form: Direct (I or Indirect (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)	
									Amour												
						v	(0)	(D)	Date			piration	Title	of	mber						
Employee		-			ode	V	(A)	(D)	Exer	rcisable	Da	ite	Title	Sn	ares					-	
Employee Stock Option (Right to Buy)	\$11.9								10/2	6/2002 <sup>(1)</sup>	10	/26/2016 <sup>(2)</sup>	Common	1 1,	600		1,600	)	D		
Employee Stock Option (Right to Buy)	\$18.98								12/0	6/2003 <sup>(1)</sup>	12	/06/2017 <sup>(2)</sup>	Common Stock	2,	200		2,200	)	D		
Employee Stock Option (Right to Buy)	\$35.57								12/1	2/2004 <sup>(1)</sup>	12	/12/2018 <sup>(2)</sup>	Common Stock	3,	000		3,000	)	D		
Employee Stock Option	\$51.85	12/07/2004			A		4,000		12/0	7/2005 <sup>(1)</sup>	12	/07/2019 <sup>(2)</sup>	Common	4,	000	\$51.85	4,000	)	D		

## **Explanation of Responses:**

Buy)

- 1. Option vests in 5 equal annual installments
- 2. Option expires in 5 equal annual installments

Teresa D. Sherman, Lmtd POA Attorney-in-Fact

12/09/2004

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.