Edgar Filing: BURCHFIELD JAY D - Form 4

BURCHFIE	ELD JAY D										
Form 4											
July 03, 201											
FORM		OT A TEC	CECU				NCE		т	PPROVAL	
	UNITED	SIAIES					INGE		Number:	3235-0287	
Check the	his box	Washington, D.C. 20549									
if no lon		STATEMENT OF CHANGES IN BENEFICIAL OWNERS							Expires:	January 31, 2005	
subject t Section	.0		SECURITIES						Estimated burden hou	-	
Form 4									response		
Form 5 obligation	-							nge Act of 1934,			
may cor				•	•	-	•	of 1935 or Secti	on		
See Inst	ruction	30(h)	of the I	nvestment	t Compai	ny Ao	ct of 1	940			
1(b).											
(Print or Type	Responses)										
	Address of Reporting ELD JAY D	Person [*]	2. Issue Symbol	er Name an o	d Ticker or	Tradi	ing	5. Relationship o Issuer	of Reporting Per	rson(s) to	
			•	ONS FIRST NATIONAL							
				[SFNC]				(Check all applicable)			
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			X Director	109	% Owner	
(Month)			(Month/	Ionth/Day/Year)			Officer (giv below)	ve titleOth below)	ner (specify		
3596 FAIR	OAKS LANE		07/02/2	07/02/2018				below)	0010w)		
			4. If Am	Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mc	onth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person			
LONCRO	TVEN EL 2400	10							More than One R		
LUNGDUA	AT KEY, FL 3422	20						Person			
(City)	(State)	(Zip)		ole I - Non-l			rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution		3. Transactio	4. Securit		-	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(Wolth/Day/Tear)	any	Date, II	Code	Disposed			Beneficially	(D) or Indirect		
		(Month/Da	y/Year)	(Instr. 8)	(Instr. 3, 4	4 and	5)	Owned	(I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
SFNC	07/02/2018			Μ	410	A		90,344	D		
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned di	rectly o	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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivat

Edgar Filing: BURCHFIELD JAY D - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)		ities ired r osed) . 3, 4,	(Month/Day/Year)		(Instr. 3 and 4)		Securit (Instr. 5
				Code V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	\$ 30	07/02/2018		М	4	410	<u>(1)</u>	(1)	Common	410	\$ 3

Reporting Owners

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
BURCHFIELD JAY D 3596 FAIR OAKS LANE LONGBOAT KEY, FL 34228	X						
Signatures							
/s/ Jay D. Burchfield by Piper P		07/03/2	018				

**Signature of Reporting Person

Erwin

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 Restricted Stock Unit vested on July 2, 2018.

410 Restricted Stock Units vest on October 1, 2018 and 410 Restricted Stock Units vest on January 2, 2019. SFNC shares will be

(2) delivered within 30 days of vesting. Events such as retirement, death, disability and other specified events in the agreement may result in earlier vesting.

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.