Edgar Filing: FIRST COMMUNITY BANCSHARES INC /NV/ - Form 4

FIRST COMMUNITY BANCSHARES INC /NV/

Form 4 June 08, 2016

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number: January 31,

2005 Estimated average

0.5

burden hours per response...

Expires:

5. Relationship of Reporting Person(s) to

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

1. Name and Address of Reporting Person *

06/07/2016

STOCK

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

Pell Martyn A				Symbol FIRST COMMUNITY BANCSHARES INC /NV/ [FCBC]				Issuer (Check all applicable)				
(Last) P. O. BOX 989	(First)	(Middle)	(Month/Day	3. Date of Earliest Transaction (Month/Day/Year) 06/07/2016				Director 10% Owner _X_ Officer (give title Other (specify below) President-First Community Bank				
(Street) BLUEFIELD, VA 24605				4. If Amendment, Date Original Filed(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 Person			
(City)	(State)	(Zip)	Table I	- Non-I)eri	ivative Sec	curitio	es Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) E	A. Deemed xecution Date, if my Month/Day/Year)	3. Transac Code (Instr. 8		4. Securit nAcquired Disposed (Instr. 3,	(A) o of (D)	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	06/07/0016			ъ		2,024	ъ	Φ.Ω	6.070.0004	D		

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

D

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

6,072.8824

D

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

(1)

D

\$0

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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. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
STOCK OPTION	\$ 24.65					12/31/2002(2)	(3)	COMMON STOCK	864	
STOCK OPTION	\$ 29.15					12/31/2003(2)	(3)	COMMON STOCK	1,512	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Pell Martyn A P. O. BOX 989 BLUEFIELD, VA 24605

President-First Community Bank

Signatures

Martyn A. Pell by: Robert L. Schumacher (His Attorney-in-Fact)

06/08/2016

**Signature of Reporting Person

Date

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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) Shares forfeited pursuant to Reporting Person's Restricted Stock Grant Agreement dated March 18, 2016.
- (2) Stock options vest and become exercisable in seven equal annual installments beginning with the date listed.

Stock options are exercisable until 5 years after retirement at or after age 62, disability or death. If employment is terminated other than

(3) by retirement at or after 62, disability or death vested options must be exercised within 90 days after the effective date of termination. Any option not exercised within such period shall be deemed cancelled.

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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