WISEMAN THOMAS E

Form 4

Common

Common

Common

Shares

Shares

Shares

September 01, 2017

| September | 01, 2017 | | | | | | | | | | |
|--|--------------------------|---|--|-------------|-------------------------------------|------------------------|---|--|------------------------------------|---------------------------|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | OMB APPROVAL | | | | |
| | UNITED | STATES | | | AND EXC n, D.C. 205 | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check if no lo | this box | | | | | | | | Expires: | January 31, | |
| subject Section Form 4 | to SIAIE 1 16. | MENT OF | IENT OF CHANGES IN BENEFICIAL OWN SECURITIES | | | | | | Estimated burden ho response | ours per | |
| Form 5 obligat may co | Filed pu | (a) of the F | Public U | Utility Ho | | pany | Act of | e Act of 1934, 1935 or Section 0 | · | 0.0 | |
| (Print or Type | e Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person * WISEMAN THOMAS E | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | OHIO [OVB | | Y BANC C | ORP | | (Chec | k all applicat | ole) | |
| (Last) 420 3RD A | (First) AVE., P.O. BOX 2 | (Middle) | | /Day/Year) | Transaction | | | _X_ Director _X_ Officer (give below) | | 0% Owner ther (specify | |
| | (Street) | | 1 If An | andmant I | Data Original | | | | | ling(Choole | |
| | (Silect) | | | onth/Day/Ye | Oate Original ear) | | | 6. Individual or Jo Applicable Line) _X_ Form filed by 0 | | | |
| GALLIPO | OLIS, OH 45631-0 | 240 | | | | | | Form filed by M Person | fore than One | Reporting | |
| (City) | (State) | (Zip) | Tal | ble I - Non | -Derivative S | ecurit | ies Acq | uired, Disposed of | , or Benefici | ially Owned | |
| 1.Title of Security (Month/Day/Year) Execution Date (Instr. 3) Execution Date any (Month/Day/Y | | Oate, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5) | | | Securities Beneficially Owned | Ownership I Form: C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | |
| Common Shares | 08/31/2017 | | | D | 790.2179 | D | \$ 32.9 | 0 | I | Custodian For Daughter | |
| Common Shares | | | | | | | | 21,225.5774 | D | | |

By ESOP

(AEW)

Grandson

Custodian for

Granddaughter

Custodian for

3,946.29

127.8815

127.8815

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(RAW)

9. Nu Deriv Secur Bene Owner Follo Repo Trans (Instr

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.

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) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) |
|---|---|---|--|---|---------------------|--------------------|--|--|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------------|-------|--|--|--|
| F | Director | 10% Owner | Officer | Other | | | |
| WISEMAN THOMAS E 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 45631-0240 | X | | President/CEO | | | | |

Signatures

/s/ Melissa P. Wooten, power of attorney

**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).

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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