Purvis Tom E. Form 4 May 07, 2018

## FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Purvis Tom E.			2. Issuer Name and Ticker or Trading Symbol SIMMONS FIRST NATIONAL CORP [SFNC]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) 5301 BYERS	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/03/2018	_X Director 10% Owner Officer (give title below) Other (specify below)		
FORT WOR	(Street) TH, TX 761	07	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		
(6'')	(0, , )	(7.)				

(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. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4)	spose	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
SFNC	05/03/2018		M	410	A	\$ 29.75	1,088	D		
SFNC							16,612	D		

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

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.

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exer	cisable and	7. Title and A	Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof	Expiration D	ate	Underlying S	Securities	Derivat
Security	or Exercise		any	Code	Derivative	(Month/Day/	(Year)	(Instr. 3 and	4)	Securit
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities					(Instr. 5
	Derivative				Acquired					
	Security				(A) or					
					Disposed					
					of (D)					
					(Instr. 3, 4,					
					and 5)					
									Amount	
						_			or	
						Date	Expiration	Title	Number	
						Exercisable	Date		of	
				Code V	(A) (D)				Shares	
Restricted	¢ 20.75	05/02/2019		M	410	(1)	(1)	Common	410	\$ 20
Stock Unit	\$ 29.75	05/03/2018		M	410	<u>(1)</u>	<u>(1)</u>	Common	410	\$ 29.

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r g	Director	10% Owner	Officer	Other			
Purvis Tom E. 5301 BYERS AVE FORT WORTH, TX 76107	X						

## **Signatures**

/s/ Tom E. Purvis by Piper P.
Erwin 05/07/2018

\*\*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) The Restricted Stock Unit vested upon acceptance.

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

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