Edgar Filing: FLORY DONNA D - Form 4

| FLORY DON | NNA D | | | | | | | | | | | |
|--|--|---------------------|--------------------|------------------------|------------|-------------|-----------------------|---|---------------------------------------|--------------|--|--|
| Form 4 | | | | | | | | | | | | |
| May 22, 2018 | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | OMB APPROVAL | | | | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | | |
| Check thi | | , | 2.0.20 | | | | Expires: | January 31, | | | | |
| if no long subject to | if no longer subject to STATEMENT OF CHANGES IN BENEFICIA | | | | | ICIA | LOW | NERSHIP OF | • | 2005 | | |
| Section 10 | | SECURITIES | | | | | | | Estimated average burden hours per | | | |
| Form 4 or | • | | | | | | | | response | 0.5 | | |
| Form 5 obligation | | | | | | | U | e Act of 1934, | | | | |
| may conti | | | | • | • | - · | | 1935 or Section | n | | | |
| <i>See</i> Instru 1(b). | | 30(h) | of the In | vestment | Compan | y Ac | t of 194 | -0 | | | | |
| 1(0). | | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1 Nama and A | 11 | D * | | | | | | 5 Deletienskin of | Dama stin a Dama | | | |
| | | | | Name and | Ticker or | Tradii | ng | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| Symbol | | | | UIER BANKSHARES, INC. | | | | 100000 | | | | |
| | | | [FBSS] | | NKSHAI | хез, | INC. | (Check all applicable) | | | | |
| (Last) | (First) | (Middle) | | Earliest Tr | ansaction | | | X Director | 10% | Owner | | |
| | | | | th/Day/Year) | | | | Officer (give title Other (specify | | | | |
| | | | 05/21/2 | - | | | | below) | below) | | | |
| (Street) 4. If Am | | | 4. If Ame | endment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| Filed(Mor | | | | onth/Day/Year) | | | | Applicable Line) | | | | |
| | | <i>.</i> | | | | | | _X_ Form filed by C Form filed by M | | | | |
| WARRENT | ON, VA 20180 | 6 | | | | | | Person | | porting | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | y Owned | | |
| 1.Title of | 2. Transaction D | ate 2A. Deer | med | 3. | 4. Securit | ties A | cquired | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Yea | ar) Executio any | on Date, if | Transactio | | - | | Securities | Form: Direct | | | |
| (Instr. 3) | | Day/Year) | Code (Instr. 8) | (Instr. 3, | 4 and | 5) | Beneficially Owned | × / | Beneficial Ownership | | | |
| | | (iviointiivi | Duy I cui) | (Insu: 0) | | | | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported | | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | | |
| G | | | | Code V | Amount | (D) | Price | (msu. 5 and 4) | | | | |
| Common Stock | 05/21/2018 | | | Р | 90 | Α | \$ 21.19 | 3,979 | D | | | |

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.

 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other FLORY DONNA D **10 COURTHOUSE SQUARE** Х WARRENTON, VA 20186 Signatures /s/ Christine E. Headly, Attorney In fact for Donna D. 05/22/2018 Flory

**Signature of Reporting Person

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.

Date