## Edgar Filing: BEAM S CRAIG - Form 4

BEAM S CR	AIG										
Form 4											
October 02, 2	2018										
FORM	4		CECUE			~~~	NGEO		OMB AF	PROVAL	
	UNITE	D STATES			AND EX , D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long	or								Expires:	January 31, 2005	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				NERSHIP OF	Estimated a		
Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 193							h A at of 1024	response	0.5	
obligation	<b>1</b> 0						•	7 1935 or Section	n		
may conti <i>See</i> Instru	inue.			•	Compan	· ·			1		
1(b).	iction	()				J					
(Print or Type R	Responses)										
			2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer			
•				OPLES BANCORP INC [PEBO]				(Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Date of				ransaction			(Chech	к ан аррисавие	)	
P.O. BOX 738, 138 PUTNAM 10/01/			(Month/D	onth/Day/Year)				_X_ Director		Owner	
			10/01/2	018				Officer (give title Other (specify below) below)			
STREET											
(Street) 4. If Ame			nendment, Date Original fonth/Day/Year)				6. Individual or Joint/Group Filing(Check				
Filed(Mo							Applicable Line) _X_ Form filed by One Reporting Person				
MARIETTA	A, OH 45750							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Deen	ned	3.	4. Securi	ties A	cauired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D)				Securities	Form: Direct		
(Instr. 3)		any (Month/F	Day/Year)	Code (Instr. 3, 4 and 5) Year) (Instr. 8)				•		Beneficial Ownership	
		(Wonth/L	(IIISU. 0)				Following		(Instr. 4)		
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Comment				Code V	Amount	(D)	Price	(insur 5 und 1)			
Common Stock	10/01/2018			A <u>(1)</u>	159	А	\$ 35.03	20,017	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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
					· · ·						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Encretouore Date	of				
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BEAM S CRAIG P.O. BOX 738 138 PUTNAM STREET MARIETTA, OH 45750	Х							
Signatures								
/s/ Kathryn Bailey, attorney-in- Beam	⁄Ir.	10/02/2018						
<u>**</u> Signature of Reporting Per		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) Represents Board meeting fees and quarterly retainer paid in stock as part of non-employee director compensation.

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.