### Edgar Filing: SIMMONS FIRST NATIONAL CORP - Form 4

SIMMONS FIRST NATIONAL CORP Form 4 March 25, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Casteel Marty Issuer Symbol SIMMONS FIRST NATIONAL (Check all applicable) CORP [SFNC] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X\_Officer (give title Other (specify (Month/Day/Year) below) below) SIMMONS FIRST NATIONAL 03/25/2015 SEVP CORP, 501 MAIN STREET (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting PINE BLUFF, AR 71603 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 7. Nature of 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) anv Code (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 3, 4 and 5) Owned Ownership (Instr. 8) Indirect (I) Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Price Code V Amount (D) 1.465 \$ 03/25/2015 D SFNC Α A 34,678 (1)44.4 SFNC 2,094 D SFNC 10,484 D

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

SFNC

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

D

3,578

### Edgar Filing: SIMMONS FIRST NATIONAL CORP - Form 4

#### number.

# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option	\$ 44.4	03/25/2015		А	2,545	03/25/2016	03/25/2025	Common	2,5
Non-Qualified Stock Option	\$ 44.4	03/25/2015		А	2,545	03/25/2017	03/25/2025	Common	2,5
Non-Qualified Stock Option	\$ 44.4	03/25/2015		А	2,545	03/25/2018	03/25/2025	Common	2,5

er

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
reporting of the reader of the test	Director	10% Owner	Officer	Othe		
Casteel Marty SIMMONS FIRST NATIONAL CORP 501 MAIN STREET PINE BLUFF, AR 71603			SEVP			
Signatures						
/s/ Marty Casteel by Piper P. Erwin	03/25/20	15				
**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) Shares will vest evenly over the next three years.

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.