FARMERS NATIONAL BANC CORP /OH/ Form 3 May 06, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Moore Terry A			<ul><li>2. Date of Event Requiring Statement</li><li>(Month/Day/Year)</li></ul>	3. Issuer Name and Ticker or Trading Symbol FARMERS NATIONAL BANC CORP /OH/ [FMNB]				
(Last)	(First)	(Middle)	04/25/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
20 SOUTH	BROAD							
STREET,Â	PO BOX 55	55		(Check all applicable)				
(Street) CANFIELD, OH 44406						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One		
							Reporting Person	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Bei	neficially Owned	
1.Title of Secur (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	-	
Farmers Nat	ional Banc	Corp	3,400		D	Â		
Reminder: Repowned directly	•	te line for ea	ch class of securities benefic	ially S	EC 1473 (7-02)	)		
	inform require	ation conta ed to respo	oond to the collection of ained in this form are not nd unless the form displ MB control number.					

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

OMB 3235-0104 Number: January 31, 2005 Estimated average burden hours per response... 0.5

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships				
	Director	10% Owner	Officer	Other	
Moore Terry A 20 SOUTH BROAD STREET PO BOX 555 CANFIELD, OH 44406	ÂX	Â	Â	Â	
Signatures					
/s/ Carl D. Culp, attorney in fact for Terry A. 05/06/201 Moore					
**Signature of Reporting Person				Date	

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.