Edgar Filing: FARMERS NATIONAL BANC CORP /OH/ - Form 4

FARMERS NATIONAL BANC CORP /OH/

Form 4 June 04, 2015

Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN 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								OMB Number: Expires: Estimated a burden hou response	•			
(Print or Type Re	esponses)												
1. Name and Address of Reporting Person * 2 Moore Terry A Sy FA				2. Issuer Name and Ticker or Trading Symbol FARMERS NATIONAL BANC CORP /OH/ [FMNB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 20 SOUTH B BOX 555	(First) (Middle) 3. Date of (Month/Dath Hand) (Month/Dath Hand) (Month/Dath Hand) (Month/Dath Hand) (Middle) (Middle) (Month/Dath Hand) (Middle) (Month/Dath Hand) (Middle) (Month/Dath Hand) (Middle) (M			- -				_X_ Director Officer (give below)	Officer (give title Other (specify				
				ndment, Date Original hth/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					
(City)	(State) (Z	Zip)	Table	I - Non-Do	erivative S	Securi	ties Acq	quired, Disposed of	f, or Beneficial	ly Owned			
	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	3. Transaction Code (Instr. 8)	on(A) or Di (D) (Instr. 3,	spose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
National	06/01/2015	06/04/201	15	P(1)	359	A	\$ 8.13	14,139	D				
Farmers National Banc Corp. Common Stock								6,700	I	By 401k Plan			

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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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Code V	(II)				Dilaics		

Reporting Owners

D (1 0 N (4 1)	Relationships
Reporting Owner Name / Address	•

Director 10% Owner Officer Other

Moore Terry A 20 SOUTH BROAD STREET PO BOX 555 CANFIELD, OH 44406

X

Signatures

/s/ Carl D. Culp, attorney in fact for Terry A. Moore

06/04/2015

**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 acquired pursuant to the terms of the Farmers National Banc Corp. Share Ownership Plan.

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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