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FARMERS NATIONAL BANC CORP /OH/

Form 4 July 07, 2016

FORM 4

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB**

Washington, D.C. 20549 Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

3235-0287 Number: January 31, Expires:

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response...

subject to Section 16. Form 4 or Form 5

obligations

may continue.

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

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Shaffer Timothy F

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) (First)

(Middle)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

07/01/2016

10% Owner Director X_ Officer (give title Other (specify

below) SVP, Regional President

20 SOUTH BROAD STREET, PO **BOX 555**

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/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

below)

CANFIELD, OH 44406

(City)

(City)	(State) (Zip) Table	e I - Non-D	erivative S	Securities Acc	quired, Disposed	of, or Beneficial	ly Owned
1.Title of	2. Transaction Date		3.		ties Acquired		6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	Transaction(A) or Disposed of		Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)		Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5)	Owned	Indirect (I)	Ownership
						Following	(Instr. 4)	(Instr. 4)
						Reported		
					(A)	Transaction(s)		
					or	(Instr. 3 and 4)		
			Code V	Amount	(D) Price	(1115117 & 1116 1)		
Farmers								
National	07/01/2016	07/07/2016	p (1)	23	, \$	20 918 (2)	D	
Banc Corn	U//UI//UIh	U//U///UID	P(1)	/ 1	A	/U 9 I X (2)	1)	

Stock

Banc Corp. 0//01/2016 Common

0//0//2010

8.81

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	TC'41	or		
					Exercisable	ercisable Date	Title				
				C 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
Shaffer Timothy F 20 SOUTH BROAD STREET PO BOX 555 CANFIELD, OH 44406			SVP, Regional President				

Signatures

/s/ Carl D. Culp, attorney in fact for Timothy F. 07/07/2016 Shaffer

> **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.
- Includes the acquisiton of 5 common shares pursuant to the Farmers National Banc Corp. (the "Company") Amended Dividend **(2)** Reinvestment Plan during 2nd Quarter 2016.

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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