

SIMMONS FIRST NATIONAL CORP
 Form 4
 October 06, 2006

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
MAY J THOMAS

2. Issuer Name and Ticker or Trading Symbol
SIMMONS FIRST NATIONAL CORP [SFNC]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
SIMMONS FIRST NATIONAL CORP, 501 MAIN STREET
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
08/12/2006

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
Chairman and CEO

PINE BLUFF, AR 71611

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Price				
				Code	V	Amount			
SFNC	08/12/2006		W	19,633	A	\$ 0	19,633	I	Trustee of Trust for Siblings and Sons
SFNC							16,334	D	
SFNC							118,616	D	
SFNC							4,200	I	IRA - Regions
SFNC							14,306	I	IRA - Stephens

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SFNC	1,072	I	By Spouse
SFNC	1,725	I	Cust. (Son)
SFNC	1,740	I	Cust. (Daughter)

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.

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of 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 Amount of Underlying Securities (Instr. 3 and 4)	8. Pr Deri Secu (Instr. 3 and 4)	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option	\$ 13.5	05/29/1997		X	0	05/29/1997 05/28/2007	Common	18,000	\$
Incentive Stock Option	\$ 13.5	05/29/1997		X	0	05/29/1998 05/28/2008	Common	18,000	\$
Incentive Stock Option	\$ 13.5	05/29/1997		X	0	05/29/1999 05/28/2009	Common	18,000	\$
Incentive Stock Option	\$ 13.5	05/29/1997		X	0	05/29/2000 05/28/2010	Common	18,000	\$
Incentive Stock Option	\$ 13.5	05/29/1997		X	0	05/29/2001 05/28/2011	Common	18,000	\$
Incentive Stock Option	\$ 12.13	05/07/2001		X	0	05/07/2001 05/06/2011	Common	16,000	\$ 1
Incentive Stock Option	\$ 12.13	05/07/2001		X	0	05/07/2002 05/06/2012	Common	16,000	\$ 1

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).

Remarks:

Upon the death of his father August 12, 2006, Mr. May became the successor trustee of the E.T. May living trust which benefits his siblings and sons.

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.