

Edgar Filing: PERKINSON ROBERT E JR - Form 4

PERKINSON ROBERT E JR  
Form 4  
March 10, 2003

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

(Print of Type Responses)

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1. Name and Address of Reporting Person\*

|                |              |            |
|----------------|--------------|------------|
| Perkinson, Jr. | Robert       | E.         |
| (Last)         | (First)      | (Middle)   |
|                | P.O. Box 989 |            |
|                | (Street)     |            |
| Bluefield      | Virginia     | 24605-0989 |
| (City)         | (State)      | (Zip)      |

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2. Issuer Name and Ticker or Trading Symbol

First Community Bancshares, Inc. (FCBC)

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3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)

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4. Statement for Month/Day/Year

March 6, 2003

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5. If Amendment, Date of Original (Month/Day/Year)

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

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Director        | <input type="checkbox"/> 10% Owner             |
| <input type="checkbox"/> Officer (give title below) | <input type="checkbox"/> Other (specify below) |

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7. Individual or Joint/Group Filing (Check Applicable line)

|  |
|--|
| <input checked="" type="checkbox"/> Form Filed by One Reporting Person |
| <input type="checkbox"/> Form Filed by More than One Reporting Person  |





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\*\* 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.

Page 2