## Edgar Filing: RENASANT CORP - Form 4

DENIAGANE CODE

| Form 4   |   |           |                                       |   |           |                  |            |   |  |  |  |
|--|---|-----------|---------------------------------------|---|-----------|------------------|------------|---|--|--|--|
| February 04,   |   |           |                                       |   |           |                  |            |   | OMB A  | PPROVAL  |  |
|  | <b>ORM 4</b><br>UNITED STATES SECURITIES AND EXCHANGE COMMISSIO<br>Washington, D.C. 20549 |           |                                       |   |           |                  | COMMISSION | OMB<br>Number:  | 3235-0287  |  |  |
| Check thi<br>if no long<br>subject to<br>Section 1<br>Form 4 o | 6.  |           |                                       |   |           |                  |            |   | burden hou   | Lanuary 31Expires:2005Estimated averageburden hours perresponse0.5 |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b). | inue. Section 17(a  | a) of the | Public Ut                             |   | ling Con  | ipany            | Act of     | ge Act of 1934,<br>f 1935 or Sectio<br>40   |  |  |  |
| (Print or Type F   | Responses)  |           |                                       |   |           |                  |            |   |  |  |  |
| POTTS HUGH S JR Symbo  |   |           |                                       | Name and  |           |                  | ıg         | 5. Relationship of Reporting Person(s) to<br>Issuer   |  |  |  |
| (Last)   | (First) (N  | /liddle)  | 3. Date of Earliest Transaction (Chec |   |           |                  |            | k all applicable)   |  |  |  |
| (Month/D<br>1104 WALNUT GROVE ROAD<br>(Street) 4. If Amer      |   |           |                                       | n/Day/Year)   |           |                  |            | X_ Director10% Owner<br>Officer (give titleOther (specify<br>below)Other (specify                       |  |  |  |
|  |   |           |                                       |   |           |                  |            | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |  |  |
| KOSCIUSK   | O, MS 39090   |           |                                       |   |           |                  |            |   | fore than One Re   |  |  |
| (City)   | (State)   | (Zip)     | Table                                 | e I - Non-D   | erivative | Securi           | ities Acc  | quired, Disposed of   | f, or Beneficial   | ly Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)                           | 2. Transaction Date<br>(Month/Day/Year)   | Executio  | med<br>on Date, if<br>Day/Year)       | 3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5) |           |                  |            | SecuritiesIBeneficially0OwnedI  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |  |  |
|  |   |           |                                       | Code V  | Amount    | (A)<br>or<br>(D) | Price      | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |  |  |  |
| Common<br>Stock  | 01/29/2015  |           |                                       | G   | 4,000     | D                | \$<br>27.1 | 201,702   | D  |  |  |
| Common<br>Stock  | 01/29/2015  |           |                                       | G   | 4,000     | D                | \$<br>27.1 | 29,889  | Ι  | Spouse   |  |

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address                            |           | Relationships |           |         |       |  |  |  |
|---|-----------|---------------|-----------|---------|-------|--|--|--|
| Reporting O wher Funite                                   | 11441 055 | Director      | 10% Owner | Officer | Other |  |  |  |
| POTTS HUGH S JR<br>1104 WALNUT GROV<br>KOSCIUSKO, MS 3909 |           | Х             |           |         |       |  |  |  |
| Signatures  |           |               |           |         |       |  |  |  |
| Hugh S. Potts   | 02/04     | /2015         |           |         |       |  |  |  |
| <u>**</u> Signature of<br>Reporting Person                | Dat       | te            |           |         |       |  |  |  |

## **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).

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.