

FARMERS NATIONAL BANC CORP /OH/  
 Form 4  
 January 06, 2017

**FORM 4**

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

OMB APPROVAL

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**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 \*  
 MACALI RALPH D

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)  
 1672 NORTH RD.  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 01/03/2017

Director  10% Owner  
 Officer (give title below)  Other (specify below)

WARREN, OH 44483

(City) (State) (Zip)

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

**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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V	Amount	(A) or (D)	Price	
Farmers National Banc Corp. Common Stock	01/03/2017	01/06/2017	P <sup>(1)</sup>	14	A	\$ 14.61	30,176 <sup>(2)</sup>	D
Farmers National Banc Corp. Common Stock							18,094 <sup>(3)</sup>	I

By Ralph Macali, Trustee for RMS Trust

Farmers  
National  
Banc  
Corp.  
Common  
Stock

34,367 <sup>(4)</sup> I

By Ralph  
Macali,  
PMRP  
Partnership

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

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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. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned (Instr. 3 and 4)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MACALI RALPH D 1672 NORTH RD. WARREN, OH 44483		X		

## Signatures

/s/ Carl D. Culp, attorney in fact for Ralph D. Macali  
Date: 01/06/2017

\*\*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.

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- (2) Includes the acquisition of 20 common shares pursuant to the Farmers National Banc Corp. (the "Company") Amended Dividend Reinvestment Plan during 4th Quarter 2016.
- (3) Includes the acquisition of 49 common shares pursuant to the Farmers National Banc Corp. (the "Company") Amended Dividend Reinvestment Plan during 4th Quarter 2016.
- (4) Includes the acquisition of 94 common shares pursuant to the Farmers National Banc Corp. (the "Company") Amended Dividend Reinvestment Plan during 4th 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.