KANTOR I NORRIS

Form 4 April 05, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number: January 31,

2005 Estimated average

burden hours per

Expires:

response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * KANTOR I NORRIS			2. Issuer Name and Ticker or Trading Symbol FIRST COMMUNITY BANCSHARES INC /NV/ [FCBC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) P. O. BOX 9	, ,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/05/2018			X Director 10% Owner Officer (give title below) Other (specify below)					
(Street) BLUEFIELD, VA 24605			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 Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative (Secur	ities Ao	cquired, Dispose	d of, or Bene	ficially Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executi any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	Disposed (Instr. 3,	(A) of (D))	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)	
COMMON STOCK	04/05/2018			A	41	A	\$ 0	2,077	I	By FCB Director Deferred Compensation Plan	
COMMON STOCK								33,869	D		

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 required to respond unless the form displays a currently valid OMB control

(9-02)

Edgar Filing: KANTOR I NORRIS - Form 4

number.

6. Date Exercisable and

7. Title and Amount of

STOCK

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Underlying Securities		
Security	or Exercise		any	Code	of	(Month/Day/Y	ear)	(Instr. 3 and 4)		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e				
	Derivative				Securities					
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					, ,					
									Amount	
						Date			or	
						Exercisable	Expiration Date	Title	Number	
						Exercisable			of	
				Code V	(A) (D)				Shares	
CTOCK								COMMON		
STOCK	\$ 12.07					12/19/2011	12/19/2021(1)	COMMON	6 198	

Reporting Owners

Reporting Owner Name / Address	Relationships						
.t	Director	10% Owner	Officer	Other			
KANTOR I NORRIS							
P. O. BOX 989	X						
BLUEFIELD, VA 24605							

3. Transaction Date 3A. Deemed

Signatures

1. Title of

OPTION

I. Norris Kantor by: Sarah W. Harmon (His Attorney-in-Fact) 04/05/2018

**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) The options are subject to cliff vesting three years from the date of grant or at the retirement of the director, whichever comes first.

 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.

Reporting Owners 2