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FARMERS NATIONAL BANC CORP /OH/

Form 5

January 24, 2008

FORM	15								OMB AF	PROVAL		
	UNITED	STATES					GE CO	OMMISSION	OMB Number:	3235-0362		
Check this box if no longer subject			Washington, D.C. 20549						Expires:	January 31,		
to Section 16. Form 4 or Form 5 obligations may continue. ANNUAL STATEME OWNER				ENT OF CHANGES IN BENEFICIAL ERSHIP OF SECURITIES					Estimated average burden hours per response 1.0			
See Instruction 1(b). Form 3 Horizontal Reported Form 4 Transaction Reported	Filed pure bldings Section 17(a	a) of the l	Public U		g Comp	any A	Act of 1		1			
1. Name and Address of Reporting Person * FISHER BARBARA C			Symbol FARMERS NATIONAL BANC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			CORP /	OH/ [FMN]	B.OB]			(Check an applicable)				
(Last) (First) (Middle) 3. Statement for Issuer's Fiscal Y (Month/Day/Year) 12/31/2007			Fiscal Ye	ar Enc	-	Director 10% Owner X Officer (give title Other (specify below)						
20 SOUTH 555	BROAD ST., P	О ВОХ						V P/Dej	posit Operation	IS		
(Street) 4. If Amendment, Date Original 6. Individual or Filed(Month/Day/Year)						oint/Group Reporting						
								(check	applicable line)			
				Form Filed by M	One Reporting Person More than One Reporting							
(City)	(State)	(Zip)	Tabl	e I - Non-Der	ivative Se	curitie	es Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transaction Code (Instr. 8)	4. Securi (A) or Di (D) (Instr. 3,	4 and (A)	Beneficially and 5) Owned at end of Issuer's Fiscal Year		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Amount	or (D)	Price	(Instr. 3 and 4)				
Farmers National Banc Corp. Common Stock	05/21/2007	Â		G	10	D	\$ 10.5	3,200.0307	I	by Barbara C. Fisher, Trustee - Barbara C. Fisher Trust uad 12/26/97		
	Â	Â		Â	Â	Â	Â	3,200.0307	I			

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Farmers See
National Footnote
Banc Corp.
Common

Reminder: Report on a separate line for each class of

securities beneficially owned directly or indirectly.

Stock

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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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)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FISHER BARBARA C							
20 SOUTH BROAD ST.	â	â	VP/Deposit Operations	â			
PO BOX 555	А	A	A VP/Deposit Operations	A			

Signatures

Reporting Person

CANFIELD, OHÂ 44406

/s/ Barbara C.
Fisher

**Signature of 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) by Barbara C. Fisher Irrevocable Trust dtd 12-12-99, David E. Fisher, Trustee 1,239.3816 shares by Barbara C. Fisher Trust uad 12/26/97, Barbara C, Fisher, Trustee 1,960.6491 shares

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

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