Edgar Filing: CRAPPS MICHAEL C - Form 4

CRAPPS MIC Form 4											
February 27, 2 FORM	4 UNITED ST	TATES S		TIES AN iington, I			IGE C	COMMISSION	OMB AI OMB Number:	PROVAL 3235-0287	
Check this if no longe subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b).	ant to Sec of the Pu	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated burden ho						Estimated a burden hou response	urs per		
(Print or Type Re	sponses)										
1. Name and Address of Reporting Person <u>*</u> CRAPPS MICHAEL C			2. Issuer Name and Ticker or Trading Symbol FIRST COMMUNITY CORP /SC/ [FCCO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O FIRST C O BOX 64	(N		e of Earliest Transaction _X_ Director _10% Owner h/Day/Year) _X_ Officer (give title below) _Other (specify below) billow _Elow) CEO and President								
LEXINGTON	(Street) N, SC 29071	lment, Date Original /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) (Z	ip)	Table	I - Non-De	rivative So	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock - Restricted	02/25/2019	02/25/20)19	Code V P	Amount 2,693 (1)	or (D)	Price \$ 0	Transaction(s) (Instr. 3 and 4) 71,882	D		

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)

1. Title c Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
i o	Director	10% Owner	Officer	Other					
CRAPPS MICHAEL C C/O FIRST COMMUNITY COR P O BOX 64 LEXINGTON, SC 29071	P X		CEO and President						
Signatures									
Michael C. 02/27 Crapps	7/2019								

**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) Restricted shares issued on 2/25/2019 and clif vest on 2/19/2022.

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.