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FIRST COMMUNITY BANCSHARES INC /NV/

Form 4

October 20, 2016

FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

OMB APPROVAL

Form 4 or Form 5 obligations

1. Name and Address of Reporting Person *

Estimated average burden hours per response... 0.5

5 Relationship of Reporting Person(s) to

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

2 Jasuar Nama and Tiakar or Trading

1(b).

(Print or Type Responses)

			2. Issuer Name and Ticker or Trading Symbol FIRST COMMUNITY BANCSHARES INC /NV/ [FCBC]				Issuer (Check all applicable)						
											(Last)	(First) (1	3. Date of Earliest Transaction (Month/Day/Year)
P.O. BOX 989			10/19/2016				,						
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
Filed				Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
BLUEFIELD, VA 24605								Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acq	es Acquired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execut any	eemed tion Date, if h/Day/Year)	3. Transactic Code (Instr. 8)	4. SecurionAcquirect Disposed (Instr. 3,	l (A) o l 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	10/19/2016			A	38	A	\$0	104,665	D				
COMMON STOCK								872	I	Wife			
COMMON STOCK								41,976 <u>(1)</u>	I	By Longview Properties, LLC			
D1 D	· · 1	£ 1	1£ ·	4: I- C	: -11	ı ı.	-41						
Reminder: Report on a separate line for each class of securities beneficially owned directly or i Persons who responses to the control of th													
							, icapi	Jila to the colle		SEC 14/4			

information contained in this form are not

(9-02)

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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 of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	Pate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underly	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3	and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								۸	mount		
						Date	Expiration	Title N	l Iumber		
						Exercisable	Date	01			
				Code V	(A) (D)				hares		
				Code v	(A) (D)			· 3	Haies		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
SARVER M ADAM							
P.O. BOX 989	X						
BLUEFIELD, VA 24605							

Signatures

M. Adam Sarver by: Sarah W. Harmon (His Attorney-in-Fact)

10/20/2016

**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) Holds a 50% ownership in the company.

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.

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