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Shillingburg Stephanie E Form 4 August 01, 2018 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction	OF Number: 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5					
1(b). (Print or Type Responses)						
1. Name and Address of Repor Shillingburg Stephanie E	Sym	BANK CORP [fmbm]	hip of Reporting Person(s) to			
(Last) (First) 1699 LAKEVIEW DRIV	(Middle) 3. D (Mo	e of Earliest Transaction h/Day/Year) Director /2018XOffice below)	(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title 0ther (specify below) below) Executive Vice President			
(Street)		Month/Day/Year) Applicable Li _X_ Form file	ed by One Reporting Person			
WOODSTOCK, VA 226	64	Form file Person	d by More than One Reporting			
(City) (State)	(Zip)	able I - Non-Derivative Securities Acquired, Dispo	sed of, or Beneficially Owned			
	Date 2A. Deemed ar) Execution Date, any (Month/Day/Ye	3. 4. Securities 5. Amount of TransactionAcquired (A) or Code Disposed of (D) Beneficially (Instr. 8) (Instr. 3, 4 and 5) Owned (A) Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Beneficial Form: Ownership Direct (D) (Instr. 4) or Indirect (I) (Instr. 4)			
Common Stock 08/01/2018		P 5.129 A \$39 465.6453	D			
Common Stock		2,500	By I Non-Qualified Comp. Plan			
Common Stock		4,640.89	I By ESOP			

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

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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 Derivativ Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Title and Amount of Underlying Securities (Instr. 3 and	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
		Code V	⁷ (A) (D)	Date Exercisable	Expiration Date	Amou or Title Numł of Share	ber	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Shillingburg Stephanie E 1699 LAKEVIEW DRIVE WOODSTOCK, VA 22664			Executive Vice President			
Signatures						
Stephanie E. Shillingburg	08/01/201	18				
<u>**</u> Signature of Reporting	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).

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.

Person