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FIRST COMMUNITY BANCSHARES INC /NV/

Form 4

January 14, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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OMB APPROVAL

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

SECURITIES 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. See Instruction

obligations

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Elmore Samuel L				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) (First) (Middle) P. O. BOX 989			3. Date of Earliest Transaction (Month/Day/Year) 01/14/2016				Cj	_X_ Director Officer (give below)		Owner r (specify		
				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 I	- Non-De	rivative Se	curitie	s Acqı	uired, Disposed of	, or Beneficiall	y Owned	
	1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execu	eemed tion Date, if h/Day/Year)	3. Transacti Code (Instr. 8)	4. SecurironAcquired Disposed (Instr. 3,	(A) or 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	01/14/2016			٨	27	٨	0.2	2 107	D		

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

01/14/2016

STOCK

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

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

37

Α

\$0

3,107

A

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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. Transactic Code (Instr. 8)	5. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION	\$ 29.15					12/31/2003(1)	(2)	COMMON STOCK	1,297
STOCK OPTION	\$ 12.07					12/19/2011	12/19/2021	COMMON STOCK	4,907
STOCK OPTION	\$ 24.65					12/31/2002(1)	(2)	COMMON STOCK	865
STOCK OPTION	\$ 13.94					12/31/2001(1)	(2)	COMMON STOCK	433

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer Other				
Elmore Samuel L P. O. BOX 989 BLUEFIELD, VA 24605	X						

Signatures

Samuel L. Elmore by: Robert L. Schumacher (His Attorney-in-Fact)

01/14/2016

**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) Stock options vest and become exercisable in seven equal annual installments beginning with the date listed.
- Stock options are exercisable until 5 years after retirement at or after age 62, disability or death. If employment is terminated other than (2) by retirement at or after 62, disability or death vested options must be exercised within 90 days after the effective date of termination. Any option not exercised within such period shall be deemed cancelled.

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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