Edgar Filing: Heitzman Donna L - Form 4

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| Heitzman Do | onna L | | | | | | | | | |
|--|----------------------|---|---|--------|-----------|--|---|---|---|--|
| Form 4 | 2 2017 | | | | | | | | | |
| September 2 | _ | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | r | OMB APPROVAL | |
| | UNITED | STATES SE | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | OMB Number: | 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 o | statem STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires:January 31, 2005Estimated averageburden hours per response0.5 | |
| Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940 | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Heitzman Donna L | | | 2. Issuer Name and Ticker or Trading Symbol Stock Yards Bancorp, Inc. [SYBT] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | | ate of Earliest T | • | - | - | (Cheo | ck all applicabl | e) | |
| | | | (Month/Day/Year) 09/20/2017 | | | | Officer (give title 10% Owner Officer (give title Other (specify below) | | | |
| | | | If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | |
| LOUISVILLE, KY 40232 — Form filed by More than One Reporting Person | | | | | | | | eporting | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| Security(Month/Day/Year)Execution Date, ifTr(Instr. 3)anyCo | | Code | Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | m (| |
| Common Stock | 09/20/2017 | | Р | 92.179 | A | \$ 35.8 | 977.662 | Ι | Trust Directors' Deferred Comp Plan | |
| Common Stock | | | | | | | 1,585 | D | | |

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

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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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | e | 7. Title and A Underlying S (Instr. 3 and | Securities |
|---|---|---|---|--|---|---------------------|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Appreciation Right | \$ 33.08 | | | | | 10/18/2017 | 10/18/2026 | Common Stock | 1,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| I. S. | Director | 10% Owner | Officer | Other | | | |
| Heitzman Donna L PO BOX 32890 LOUISVILLE, KY 40232 | Х | | | | | | |
| Olara atura a | | | | | | | |

Signatures

| /s/ Donna L. Heitzman | 09/22/2017 | | | |
|--|------------|--|--|--|
| <u>**</u> 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).

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.