

SIMMONS FIRST NATIONAL CORP  
 Form 4  
 January 19, 2017

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Casteel Marty

2. Issuer Name and Ticker or Trading Symbol  
 SIMMONS FIRST NATIONAL CORP [SFNC]

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
 SIMMONS FIRST NATIONAL CORP, 501 MAIN STREET  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 01/17/2017

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
 SEVP

PINE BLUFF, AR 71601

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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 Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|
|                                 |                                      |  |                                | (A) or (D)  | Price   |  |                                   |
|                                 |                                      |  |                                | Code V  | Amount  |  |                                   |
| SFNC                            | 01/17/2017                           |  | A                              | 2,982   | A \$ 58.5   | 40,742   | D                                 |
| SFNC                            | 01/17/2017                           |  | F                              | 1,073   | D \$ 58.5   | 39,669   | D                                 |
| SFNC                            |                                      |  |                                |   |   | 4,114 <sup>(1)</sup>                                     | D                                 |
| SFNC                            |                                      |  |                                |   |   | 2,288  | D                                 |
| SFNC                            |                                      |  |                                |   |   | 11,217 <sup>(2)</sup>                                    | D                                 |

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



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One third of the Restricted Stock Unit vests on January 17, 2018, 2019 and 2020. SFNC shares will be delivered within 30 days of vesting. Events such as retirement, death, disability and other specified events in the agreement may result in earlier vesting.

- (5) Each Performance Stock Unit represents a contingent right to receive one share of Simmons First National Corporation common stock.

The shares listed are the maximum number of shares which may vest under this grant. Vesting will occur subsequent to the attainment of

- (6) performance goals set and verified by the Compensation Committee of the Company's Board of Directors for the performance period ending December 31, 2019, contingent upon the reporting person's continued employment with the registrant.

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.