GRAY JAMES W Form 4 January 11, 2013

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287

January 31,

2005

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OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

Estimated average

burden hours per

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

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

2. Issuer Name and Ticker or Trading

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

| | | | Symbol | | | | Iss | Issuer | | | | |
|---|--|-------|------------------|---|------------|--|-------------|--|--|---|--|--|
| | | | RENASAN | NT CORF | RNST |] | | (Check all applicable) | | | | |
| (Last) (First) (Middle) P. O. BOX 709 | | | (Month/Day/ | 3. Date of Earliest Transaction (Month/Day/Year) 01/09/2013 | | | | | Director 10% Owner Other (specify below) SEVP | | | |
| TUPELO, MS | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) ELO, MS 38802 | | | | Ap _X | 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-Deri | vative Sec | uritie | s Acquir | ed, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transacti (Month/Day | any | ecution Date, if | 3. Transactic Code (Instr. 8) | (Instr. 3, | ispose | d 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 | 01/09/201 | 13 | | A | 1,800 | A | \$ 19.14 | 6,113.43 | D | | | |
| Common Stock | 01/09/201 | 13 | | F | 679 | D | \$ 19.14 | 5,434.43 | D | | | |
| Common Stock (Performance Based Restricted) | 01/09/201 | 13 | | A | 200 (1) | D | \$ 14.96 | 5,050 | D | | | |
| Common Stock | 01/09/201 | 13 | | A | 1,800 | D | \$ 14.96 | 3,250 | D | | | |

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(Performance

Based

Restricted)

Common Stock 26,779.433 I 401K

Common Stock 702.61 I spouse IRA

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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) | 4. Transa Code (Instr. | | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) |
|---|---|---|---------------------------------|---|---|---------------------|--------------------|-------|--|---|
| | | | Code | v | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

Reporting Owners

| eporting Owner Name / Address | Relationships |
|-------------------------------|---------------|
| eporting Owner Name / Address | Ittiu |

Director 10% Owner Officer Other

GRAY JAMES W

P. O. BOX 709 SEVP

TUPELO, MS 38802

Signatures

Reporting Person

Jim Gray 01/11/2013

**Signature of Date

Reporting Owners 2

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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) This is the adjustment to the target amount of the 2012 performance based restricted stock previously reported.

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.