## Edgar Filing: FARMERS NATIONAL BANC CORP /OH/ - Form 4

### FARMERS NATIONAL BANC CORP /OH/

Form 4

February 06, 2017

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi	700								Expires:	January 31,		
if no longer subject to Section 16. Form 4 or  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.5						
Form 5 obligation may cont <i>See</i> Instru	ns Section 17(a	) of the I	Public Ut		ing Con	npany	y Act of	e Act of 1934, 1935 or Section 0	n			
(Print or Type F	Responses)											
1. Name and Address of Reporting Person * Nicastro Mark A			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
		ERS NAT OH/ [FM]		BAN	IC .	(Check all applicable)						
(Last) (First) (Middle)			3. Date of (Month/D	Earliest Tra ay/Year)	ansaction			DirectorX Officer (give below)	title Othe	itle 10% Owner Other (specify below)		
20 SOUTH 555	BROAD ST, PO	BOX	02/01/20	)17					an Resource Di	rector		
				ndment, Dat th/Day/Year)	_	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
CANFIELD	O, OH 44406							Person	lore than One Re	porting		
(City)	(State) (	Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	n Date, if	3. Transactio Code (Instr. 8)	(Instr. 3,	(A) or	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)			
Farmers National Banc Corp. Common Stock	02/01/2017	02/06/2	017	P(1)	16	A	\$ 12.83	11,371	D			
Farmers National Banc Corp. Common Stock								804	I	By 401k Plan		

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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

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

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Title	e and	8. Price of	
	Derivative Conversion		(Month/Day/Year)	Execution Date, if	TransactionNum		lumber	Expiration Date		Amount of		Derivative	
	Security	or Exercise		any	Code	0	f	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)		Price of		(Month/Day/Year)	(Instr.	8) D	<b>D</b> erivative			Securities (Instr. 3 and 4)		(Instr. 5)	
		Derivative				Securities							
Security						Acquired							
						(1	A) or						
						D	Disposed						
						0	f (D)						
						(I	Instr. 3,						
						4	, and 5)						
											A		
											Amount		
								Date	Expiration		or		
									Date		Title Number		
				G 1	• • •	(5)				of			
					Code	V (	A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Nicastro Mark A 20 SOUTH BROAD ST PO BOX 555 CANFIELD, OH 44406

SVP/Human Resource Director

# **Signatures**

/s/ Carl D. Culp, attorney in fact for Mark A.

Nicastro 02/06/2017

\*\*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) Shares acquired pursuant to the terms of the Farmers National Banc Corp. Share Ownership Plan.

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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