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

FARMERS NATIONAL BANC CORP /OH/

Form 4

Shares

Shares

Common

December 02, 2014

FORM	14									PPROVAL		
	Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
	Check this box if no longer CTA THE CHARLES OF CHARLES							Expires:	January 31, 2005			
subject to Section 1	subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERS. SECURITIES						Estimated a burden hou response	average rs per				
obligatio may con See Instr 1(b).	ons tinue. uction	17(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n			
(Print or Type l	Responses)											
1. Name and Address of Reporting Person $\stackrel{*}{\underline{\ }}$ Wallace Amber B			2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			FARMERS NATIONAL BANC CORP /OH/ [FMNB]					(Check all applicable)				
(Last)	(Last) (First) (Middle) 3. Date of (Month/Da				ansaction			Director 10% OwnerX_ Officer (give title Other (specify				
20 SOUTH 555	BROAD ST,	PO BOX	11/28/20	-				below) Sr VP/Ch	below) ief Retail/Mark	eting		
(Street) 4.				ndment, Dat	_			6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by (
CANFIELD	O, OH 44406							Person	More than One Re	eporung		
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Dany (Month/Day			3. Transactic Code (Instr. 8)		spose	d of	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)		
Common	11/20/201				Amount	or (D)	Price	(Instr. 3 and 4)	D			
C1	11/28/2014			P(1)	24	Α	0.44	3,216	D			

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)

I

8.44

135

By Family

Member (2)

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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	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date T	Title	e Number		
						LACICISABIE			of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Wallace Amber B 20 SOUTH BROAD ST **PO BOX 555** CANFIELD, OH 44406

Sr VP/Chief Retail/Marketing

Signatures

/s/ Carl D. Culp, attorney in fact for Amber Wallace Soukenik

12/02/2014

**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.
- (2) The reporting person disclaims beneficial ownership of the reported securities except to the extent of her pecuniary interest

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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