Ludwig West Form 3 January 09, 2019 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF 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 <u>*</u> Ludwig West			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol FIRST CITIZENS BANCSHARES INC /DE/ [FCNCA]				
(Last)	(First)	(Middle)	06/26/2018	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
4300 SIX F	ORKS RO	AD					Thed(Wohn Day Tear)	
(Street) RALEIGH, NC 27609			Director X Officer (give title belo				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 	
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	•	
Class A Cor	nmon Stoc	k	0		D	Â		
Class B Cor	nmon Stoc	k	0		D	Â		
Reminder: Rep owned directly	-		ach class of securities benefic	ially S	SEC 1473 (7-02	2)		
			spond to the collection of ained in this form are no					

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

required to respond unless the form displays a

currently valid OMB control number.

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director 10% Owne		Officer	Other		
Ludwig West 4300 SIX FORKS ROAD RALEIGH, NC 27609	Â	Â	Chief Human Resources Officer	Â		
Signatures						
West Ludwig, By: William R. Lathan, Jr., Attorney-in-fact			01/09/2019			
<u>**</u> Signature of Reporti	ng Person		Date			
Explanation of Dechanges						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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.