## Edgar Filing: SIMMONS FIRST NATIONAL CORP - Form 4

SIMMONS FIRST NATIONAL CORP Form 4 March 25, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 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 \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading MAKRIS GEORGE JR Issuer Symbol SIMMONS FIRST NATIONAL (Check all applicable) CORP [SFNC] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_ Director 10% Owner X\_Officer (give title Other (specify (Month/Day/Year) below) below) SIMMONS FIRST NATIONAL 03/25/2015 Chairman & CEO CORP., 501 MAIN STREET (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting PINE BLUFF, AR 71601 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired 5. Amount of 1.Title of 2. Transaction Date 2A. Deemed 3. 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) anv Code (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership (Instr. 8) (Instr. 4) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Price Code V Amount (D) 2.440\$ **SFNC** 03/25/2015 D Α A 19,090 (1) 44.4 SFNC 79,433 D SFNC 173 D **SFNC** 10,430 D SFNC 4,050 Ι By IRA IRA **SFNC** 4,750 Ι (Spouse)

**SFNC** 

1,000

I

			Code V	(A) (D)				of Share
Non-Qualified Stock Option	\$ 44.4	03/25/2015	А	4,240	03/25/2016	03/25/2025	Common	4,2
Non-Qualified Stock Option	\$ 44.4	03/25/2015	А	4,240	03/25/2017	03/25/2025	Common	4,2
Non-Qualified Stock Option	\$ 44.4	03/25/2015	А	4,240	03/25/2018	03/25/2025	Common	4,2

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Trust (Sister) (2)

7. Title and Amoun

Underlying Securit

Amo or

Num

(Instr. 3 and 4)

Title

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

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

any

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

6. Date Exercisable and

Expiration

Date

(Month/Day/Year)

Date

Exercisable

5. Number

Securities

Acquired

Disposed of (D) (Instr. 3, 4, and 5)

(A) or

Transaction of Derivative Expiration Date

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

4.

Code

(Instr. 8)

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
MAKRIS GEORGE JR SIMMONS FIRST NATIONAL CORP. 501 MAIN STREET PINE BLUFF, AR 71601	X		Chairman & CEO			
Signatures						
/s/ George Makris, Jr. by Piper P. Erwin	03/25/2	015				
**Signature of Reporting Person	Date					

1. Title of

Derivative

Security

(Instr. 3)

2.

**Reporting Owners** 

Conversion

or Exercise

Derivative

Price of

Security

## **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 will vest evenly over the next three years.
- (2) Trustee with no direct pecuniary interest of trust, adult sister.

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.