WITT JOSEPH R Form 4/A March 27, 2019

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

P O BOX 3392  (Month/Day/Year)  (Street)  (Street)  (A. If Amendment, Date Original Filed(Month/Day/Year)  (O3/22/2019  (State)  (City)  (State)  (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ox Security (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3)  (A) Or  (Instr. 3)  (Month/Day/Year) (Month	WITT JOSE	EPH R	Symbol OLD F [OPOF	POINT FINANCIAL CORP	Issuer (Check all applicable)
Filed(Month/Day/Year) O3/22/2019  HAMPTON, VA 23663  (City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ox  1.Title of 2. Transaction Date Security (Month/Day/Year) (Month/Day/Year) (Instr. 3)  Execution Date, if Transaction(A) or Disposed of (D) Securities Form: Direct Indicates	`		(Month/	Day/Year)	X Officer (give title Other (specify
1.Title of Security (Month/Day/Year) Execution Date, if any Code (Instr. 3, 4 and 5) Execution Security (Month/Day/Year) (Instr. 8) (Month/Day/Year) (Instr. 8) (A) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 3 and 4)		I, VA 23663	Filed(Mo 03/22/2	onth/Day/Year) 2019	_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
Common 03/20/2019 A(1) 1,460 A \$ 11,660 D	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. 4. Securities Acquired Transaction(A) or Disposed of (D Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price	5. Amount of Securities Beneficially Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4)  Reported Transaction(s) (Instr. 3 and 4)

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

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.

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

#### Edgar Filing: WITT JOSEPH R - Form 4/A

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount of Underlying Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
1	Director	10% Owner	Officer	Other	
WITT JOSEPH R					
P O BOX 3392	X		Chief Bus. Dev. Officer, EVP		
HAMPTON VA 23663					

## **Signatures**

/s/ Elizabeth T. Beale, Attorney-in-Fact 03/26/2019

\*\*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) Award of time-based restricted stock subject to a vesting schedule

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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