Mills Gary R Form 4 October 31, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

OMB APPROVAL

Washington, D.C. 20549

Symbol

Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Form 4 or Form 5 obligations may continue. See Instruction

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

FIRST COMMUNITY

1(b).

Mills Gary R

(Print or Type Responses)

1. Name and Address of Reporting Person *

			BANCSHARES INC /NV/ [FCBC]				(Check all applicable)					
(Last) (First) (Middle) P. O. BOX 989		3. Date of Earliest Transaction (Month/Day/Year) 10/30/2017					Director 10% Owner Other (specify below)					
			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
BLUEFIELD, VA 24605								Person				
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	any	emed ion Date, if /Day/Year)	Code (Instr.	8)	4. Securi on(A) or Di (Instr. 3,	ispose	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
COMMON STOCK	10/30/2017			Р		325	A	\$ 29.65	10,325	I	By 401(k) Wrap Plan	
COMMON STOCK									16,533	D		
COMMON STOCK									1	D (1)		
COMMON STOCK									5,786.431	I	By Employee Stock Ownership	

& Savings

Plan

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.

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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 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. Dr.Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION	\$ 29.15					12/31/2003(2)	(3)	COMMON STOCK	3,025
STOCK OPTION	\$ 24.65					12/31/2002(2)	(3)	COMMON STOCK	865
STOCK OPTION	\$ 13.94					12/31/2001(2)	(3)	COMMON STOCK	233

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
Mills Gary R							
P. O. BOX 989			President				
BLUEFIELD, VA 24605							

Signatures

Gary R. Mills by: Sarah W. Harmon (His

Attorney-in-Fact) 10/31/2017

**Signature of Reporting Person Date

Reporting Owners 2

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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) Owned jointly with spouse.
- (2) Stock options vest and become exercisable in seven equal annual installments beginning with the date listed.
 - Stock options are exercisable until 5 years after retirement at or after age 62, disability or death. If employment is terminated other than
- (3) by retirement at or after 62, disability or death vested options must be exercised within 90 days after the effective date of termination. Any option not exercised within such period shall be deemed cancelled.

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.