Edgar Filing: QCR HOLDINGS INC - Form 4/A

| QCR HOLD Form 4/A | INGS INC | | | | | | | | | | |
|--|--|--|----------------------------------|----------------------------------|---|---|--|--|--|----------|--|
| March 04, 20 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB AF OMB Number: | PROVAL 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may cont See Instru 1(b). | ger 5 16. 5 5 5 5 5 5 5 5 5 5 5 5 5 | suant to S a) of the I | F CHAN Section 1 Public Ut | GES IN I SECUR 6(a) of the | BENEF ITIES e Securit ling Con | ICIA ies E | NERSHIP OF e Act of 1934, 1935 or Section 0 | January 31 Expires: 2005 Estimated average burden hours per response 0.5 | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| Whiteside Cathie Sy | | | | Name and | | | 0 | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) 3551 7TH S | 3. Date of (Month/D 02/01/20 | - | ansaction | | | (Check all applicable) <u></u> Director <u>X_</u> Officer (give title <u></u> 10% Owner <u></u> Other (specify below) EVP, Corp Strat, HR & Branding | | | | | |
| MOLINE, I | | ndment, Da hth/Day/Year 016 | - | 1 | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | . Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | 4. Securi on(A) or Di (Instr. 3, | (A) or | d of (D) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/01/2016(1) | | | Code V F | Amount 186 (2) | (D) D | Price \$ 22.64 | 11,666 | D | | |
| Common Stock | 02/02/2016 <u>(1)</u> | | | F | 55 <u>(2)</u> | D | \$ 22.61 | 11,611 | D | | |
| Common Stock | 02/03/2016(1) | | | F | 37 <u>(2)</u> | D | \$ 22.4 | 11,574 | D | | |

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

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number.

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day/ e s | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------------------------|--|-------|--|---|--|
| Repo | rting C | wners | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Whiteside Cathie **3551 7TH STREET** EVP, Corp Strat, HR & Branding **SUITE 204** MOLINE, IL 61265 Signatures By: Shellee R Showalter For: Cathie S 03/04/2016 Whiteside **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) The number of shares held was previously misreported due to an administrative error. The number stated in this filing reflects the correction of that error.
- (2) Surrender of common stock to issuer upon vesting of restricted stock award to pay withholding taxes

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.