7/25/2021 Document Contents

Go to	0	~
-------	---	---

Toggle SGML Header (+)

Section 1: 4 (FORM 4)

FORM	4
-------------	---

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average b	urden						
hours per response	. 0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN 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 Response	es)										
1. Name and Address of GLEASON GEOF	2. Issuer Name a BANK OF THE			0 ,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
17901 CHENAL I	PARKWAY, P.O. 8	0011	3. Date of Earliest Tr 04/20/2011	ransaction (N							w)
LITTLE ROCK,Â	(Street) ARÂ 72231-8811		4. If Amendment, Da	te Original l	Filed	(Month/Day	Year)		6. Individual or Joint/Group Filing (Che X_Form filed by One Reporting Person Form filed by More than One Reporting Person		ne)
(City)	(State)	(Zip)		Table I - N	lon-D	erivative	Securitie	es Acq	uired, Disposed of, or Beneficially Own	ied	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (Instr. 8)		4. Securi (A) or D (Instr. 3,	isposed o		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership
				Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	

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.

SEC 1474 (9-02)

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

1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber	6. Date Exerci		7. Title and		1			11. Nature
Derivative	Conversion		Execution Date, if				•		of Underlying			Derivative	Ownership		
Security		(Month/Day/Year)		Code	2)	Derivat		,		Securities			Securities		Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8)	Securit				(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	
	Derivative					Acquire	ed						Owned	,	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Dispose	ea						Reported	or Indirect	
						of (D)							Transaction(s)	· /	
						(Instr. 3	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount or				
								Date	Expiration	Title	Number			1	
								Exercisable	Date		of			1	
				Code	V	(A)	(D)				Shares				
Non-															
Employee															
Director															_
Stock	\$44.83	04/20/2011	Â	M	Â	1.000	Â	04/20/2011	04/20/2021	Common	1,000	\$44.83	1,000		By
Option	ψ11.05	0 1/20/2011	11	111	11	1,000	1.	0 1/20/2011	0 1/20/2021	Stock	1,000	ψ11.05	1,000	1	Spouse
(Right to														1	
														1	
Buy)														1	

Reporting Owners

Donating Comment Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
GLEASON GEORGE G II 17901 CHENAL PARKWAY P.O. 8811 LITTLE ROCK, AR 72231-8811	ÂX	ÂΧ	Chairman & CEO	Â				

Signatures

7/25/2021 Document Contents



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).

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. (Back To Top)