Document Contents

×

Go to...

Toggle SGML Header (+)

Section 1: 4 (FORM 4 SUBMISSION)

FORM 4

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

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

SEC 1474 (9-02)

Check this box if no longer subject to STATE Section 16. Form 4 or Form 5 obligations may continue. See Public Ut

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 Responses)

Instruction 1(b).

1. Name and Address of Reporting I Mullen Walter J III	2. Issuer Nat BANK OF T			U			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
17901 CHENAL PARKWAY	(Middle)	3. Date of Earlie 07/20/2016	st Transa	ction (Month/Da	y/Year) _	Officer (give title below)Other (specify below)			
(Street) LITTLE ROCK, AR 7222	4. If Amendmen	t, Date Oi	riginal	Filed (Mo	nth/Day/		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)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	Date	2A. Deemed Execution Date, if any (Month/Day/Year)	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V	Amount	(D)	Price		(Instr. 4)		
Common Stock	07/20/2016	Â	Р	Â	530	А	\$38.2861	2,085	D	Â	

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.

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

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Number and F		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of	of (Month/Day/Year)		Underlying Security		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	Derivative		Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Secu	curities		(Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o							Reported	or Indirect	
						Dispo							Transaction(s)	(I)	
						of (D	/						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	4, and 5)								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Mullen Walter J III 17901 CHENAL PARKWAY LITTLE ROCK, AR 72223	X	Â	Â	Â				

Signatures

 \hat{A} /s/ Greg McKinney, as Attorney in Fact for Walter J Mullen, III

**Signature of Reporting Person

07/20/2016

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)