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Section 1: 4 (FORM 4)

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

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may 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 Instruction 1(b).

(Print or Type Responses)

continue. See

1. Name and Address of Reporting Person – GLEASON LINDA D	2. Issuer Name BANK OF THI					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
17901 CHENAL PARKWAY, P.O.	3. Date of Earliest 7 10/18/2011	Fransaction	(Mon	th/Day/Year)		Officer (give title below)	Other (specify be	elow)				
(Street) LITTLE ROCK, AR 72231-881	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 Person					
(City) (State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Instr. 8)	tion	or Disposed of (D) (Instr. 3, 4 and 5)		ed (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock	10/18/2011	Â	А	Â	32,000 ⁽¹⁾	А	\$0	4,606,195	I	Spouse's Dir/Indir Ownership		
Common Stock	Â	Â	Â	Â	Â	Â	Â	78,816	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 SEC 1474 (9-02) 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

				(e.g.	, put	s, calls, w	arra	nts, options, co	nvertible secu	rities)					
1. Title of	2.	3. Transaction	3A. Deemed	4.	4. 5. Number of		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature of	
Derivative	Conversion	Date	Execution Date, if	Transac	ction	Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3)	Acquired (A)				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					or Dispos	Disposed					Owned	Security:	(Instr. 4)	
	Security					of (D)							Following	Direct (D)	
						(Instr. 3,	4,				Reported	or Indirect			
						and 5)					Transaction(s)	(I)			
											Amount		(Instr. 4)	(Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of Shares				
Employee Stock Option (Right to Buy)	\$23.685	10/18/2011	Â	М	Â	32,000	Â	10/18/2014	10/18/2018	Common Stock	32,000	\$23.685	32,000	Ι	Spouse's Dir/Indir Ownership

Reporting Owners

Demonstran Oppman Names / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GLEASON LINDA D 17901 CHENAL PARKWAY P.O. BOX 8811 LITTLE ROCK, AR 72231-8811	X	Â	Â	Â			

Signatures

/s/ Linda D. Gleason

 10/20/2011 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) These shares were issued under the Company's Restricted Stock Plan in accordance with Rule 16b-3(d) and are subject to a substantial risk of forfeiture until vested. 100% of the shares vest on 10/18/2014, three years after the date of grant, if the individual remains employed with the Company through such date.

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)