7/23/2021 Document Contents

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						

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 Responses)												
1. Name and Address of Reporting F Vance Tyler A	2. Issuer Nat BANK OF T			_	-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) COO & Chief Banking Officer						
17901 CHENAL PARKWAY	1 3. Date of Earlie 11/05/2015	est Transa	ction (Month/Da	ay/Year							
(Street) LITTLE ROCK, AR 7223	4. If Amendmen	t, Date O	riginal	Filed (Mo	onth/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-	Derivativ	e Secui	rities Acq	quired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			(A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	Beneficial Ownership		
Common Stock	11/05/2015	Â	F	Â	5,543	D	\$51.37	65,448	D	Â		
Common Stock	Â	Â	Â	Â	Â	Â	Â	24,206	I	Shares held in 401(k) at 11/05/2015		

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.		Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	ber	and Expiration	on Date	Amou	ınt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	vative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secu	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	iired			4)			Following	Direct (D)	
					(A) c	r						Reported	or Indirect	
					Disp	osed						Transaction(s)	(I)	
					of (D)						(Instr. 4)	(Instr. 4)	
					(Inst	: 3,								
					4, an	d 5)								
										Amount				
							ъ.	E		or				
							Date	Expiration Date	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

Peneuting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Vance Tyler A 17901 CHENAL PARKWAY P.O. BOX 8811 LITTLE ROCK, AR 72231-8811	Â	Â	COO & Chief Banking Officer	Â				

Signatures

 \hat{A} /s/ Gregory L McKinney as Attorney in Fact for Tyler A Vance

11/09/2015

7/23/2021 Document Contents

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).

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)