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 burden						
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 Responses)										
1. Name and Address of Reporting Person SMITH HARLEY KENNITH	2. Issuer Name <b>a</b> BANK OF THE			0 3		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
17901 CHENAL PARKWAY, P.	3. Date of Earliest Transaction (Month/Day/Year) 04/20/2011							Other (specify belo	ow)	
(Street) LITTLE ROCK, AR 72231-88		4. If Amendment, Da	ate 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)	(Instr. 8)	ion V	(A) or D	ties Acquisposed of 4 and 5)  (A) or (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

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.	-	3A. Deemed	4.			*		7. Title and Amount				10.	11. Nature	
Derivative	Conversion		Execution Date, if				-		of Underlying			Derivative	Ownership		
Security		(Month/Day/Year)		Code				(Month/Day/Year)		Securities			Securities		Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8)	Securities				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	
	Derivative					Acquired							Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
							isposed					Reported	or Indirect		
						of (D)							Transaction(s)	· /	
						(Instr. 3	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								D /	E : .:		or				
								Date	Expiration	Title	Number				
								Exercisable	Date		of				
				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	D	Â
	Φ-1.03	04/20/2011	Λ	101	л	1,000	л	04/20/2011	04/20/2021	Stock	1,000	φ-1.03	1,000	D	А
Option															
(Right to															
Buy)															

#### **Reporting Owners**

Barratina Commun Nama / Addissa	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SMITH HARLEY KENNITH 17901 CHENAL PARKWAY P.O. BOX 8811 LITTLE ROCK, AR 72231-8811	ÂΧ	Â	Â	Â			

#### **Signatures**

7/25/2021 Document Contents

/s/ Harley Kennith Smith	04/20/2011
**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)