### Edgar Filing: FIRST COMMUNITY BANCSHARES INC /NV/ - Form 4

#### FIRST COMMUNITY BANCSHARES INC /NV/

Form 4

November 04, 2008

<b>FORM</b>	Δ								APPROVAL		
i Ortivi	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or		F CHANGES IN BENEFICIAL OWI SECURITIES					Expires: Estimated burden ho response.	urs per			
obligation may contin	Form 5 obligations may continue.  See Instruction 1(b).  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 R	esponses)										
1. Name and Ac Brown David	Symbol	2. Issuer Name and Ticker or Trading Symbol FIRST COMMUNITY				5. Relationship of Reporting Person(s) to Issuer					
			BANCSHARES INC /NV/ [FCBC]					(Check all applicable)			
(Last) P. O. BOX 9		(Month/I	3. Date of Earliest Transaction (Month/Day/Year) 11/04/2008				Director 10% Owner Self-cert (give title Other (specify below)				
BLUEFIELD	(Street) O, VA 24605		endment, Dat nth/Day/Year)	_			6. Individual or Jo Applicable Line) _X_ Form filed by N Person	One Reporting I	Person		
(City)	(State) (Z	Zip) Tabi	e I - Non-Do	erivative S	Securi	ties Acai	uired, Disposed o	f. or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed	ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I)		
COMMON				Amount		Price \$	, ,	_			
STOCK	11/04/2008		A	500	A	32.46	1,000	D			
COMMON STOCK							70.039	I	By Employee Stock Ownership & Savings Plan		

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 (9-02)

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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., puts, calls, warrants, options, convertible securities)

	1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5.		6. Date Exercisable and		7. Title and Amount of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Underlying Securities	
	Security	or Exercise		any	Code of		(Month/Day/Year)		(Instr. 3 and 4)	
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		;			
		Derivative				Securities				
		Security			Acquired					
						(A) or				
						Disposed				
						of (D)				
					(Instr. 3,					
					4, and 5)					
										A
								Eiti		Amount
							Date Exercisable	Expiration	Title	or
					$\alpha$ 1 $\alpha$	(A) (D)		Date		Number
					Code V	(A) (D)				of Shares
	STOCK								COMMON	
		\$ 35					10/24/2007 <u>(1)</u>	10/24/2016		10,000
	OPTION								STOCK	

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Brown David D P. O. BOX 989 BLUEFIELD, VA 24605

Chief Financial Officer

# **Signatures**

Reporting Person

/s/ David D.
Brown

\*\*Signature of 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) Stock options vest and become exercisable in four equal annual installments beginning with the date listed.

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.

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