MENDEZ JOHN M

Form 4 June 09, 2009

#### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

Number: January 31, Expires: 2005

**OMB APPROVAL** 

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

**STOCK** 

(Print or Type Responses)

1. Name and Address of Reporting Person \*

MENDEZ JOHN M			Symbol FIRST COMMUNITY BANCSHARES INC /NV/ [FCBC]				Issuer (Check all applicable)				
(Last) P. O. BOX 98	(First)	(Middle)		Earliest Transaction y/Year)				X Director 10% Owner X Officer (give title Other (specify below) President & CEO			
BLUEFIELD	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-De	rivative S	ecurit	ties Acq	uired, Disposed	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Year) Execu	eemed tion Date, if h/Day/Year)	3. Transaction Code (Instr. 8)		4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
COMMON STOCK	06/05/2009			P	2,000	A	\$ 12.5	2,000	I	By 401(K) Wrap Plan	
COMMON STOCK								18,869.784	I	By Employee Stock Ownership & Savings Plan	
COMMON								1,316	D		

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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.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION	\$ 19.8					12/31/1999(1)	(2)	COMMON STOCK	12,092
STOCK OPTION	\$ 13.94					12/31/2001(1)	(2)	COMMON STOCK	2,015
STOCK OPTION	\$ 24.65					12/31/2002(1)	(2)	COMMON STOCK	14,108
STOCK OPTION	\$ 29.15					12/31/2003(1)	(2)	COMMON STOCK	14,108

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b>F</b>	Director	10% Owner	Officer	Other			
MENDEZ JOHN M							
P. O. BOX 989	X		President & CEO				
BLUEFIELD, VA 24605-0989							

### **Signatures**

John M. Mendez by: Robert L. Schumacher (His Attorney-in-Fact) 06/09/2009

\*\*Signature of Reporting Person Date

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#### **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 seven equal annual installments beginning with the date listed.
  - Stock options are exercisable until 5 years after retirement at or after age 62, disability or death. If employment is terminated other than
- (2) by retirement at or after 62, disability or death vested options must be exercised within 90 days after the effective date of termination. Any option not exercised within such period shall be deemed cancelled.

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.