## Edgar Filing: SUESS CALVIN J - Form 4

CLIEGO CALVINI

| Form 4   | VIIN J   |       |   |  |               |          |   |  |                        |   |  |  |
|--|--|-------|---|--|---------------|----------|---|--|------------------------|---|--|--|
| September 27   | , 2018   |       |   |  |               |          |   |  |                        |   |  |  |
| FORM   | <b>4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549   |       |   |  |               |          |   |  |                        | PPROVAL<br>3235-0287                                  |  |  |
| Check this<br>if no longe<br>subject to<br>Section 16<br>Form 4 or<br>Form 5<br>obligation<br>may contin<br><i>See</i> Instruct<br>1(b). | box<br><b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b><br><b>SECURITIES</b><br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>nue.<br>20(h) of the Investment Company Act of 1940 |       |   |  |               |          |   |  | burden hou<br>response | Estimated average<br>burden hours per<br>response 0.5 |  |  |
| (Print or Type Ro  | esponses)  |       |   |  |               |          |   |  |                        |   |  |  |
| SUESS CALVIN J Symbol<br>FARME   |  |       | Name and Ticker or Trading<br>ERS & MERCHANTS<br>DRP [FMCB]   |  |               |          | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |  |                        |   |  |  |
| (M   |  |       |   | Date of Earliest Transaction<br>onth/Day/Year)<br>/27/2018 |               |          |   | X_ Director<br>Officer (give titleOther (specify<br>below)Other (specify |                        |   |  |  |
|  |  |       | ndment, Date Original<br>th/Day/Year)   |  |               |          | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |  |                        |   |  |  |
| LODI, CA 95  | 5240   |       |   |  |               |          |   | Form filed by M<br>Person  | Iore than One Re       | porting   |  |  |
| (City)   | (State)  | (Zip) | Table   | e I - Non-De   | erivative S   | ecuri    | ties Aco  | quired, Disposed of  | f, or Beneficial       | ly Owned  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | Security (Month/Day/Year) Execution Date, if   |       | 3. 4. Securities<br>TransactionAcquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A)<br>or |  |               |          | SecuritiesHBeneficially(OwnedIFollowing(ReportedTransaction(s)  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)     |                        |   |  |  |
| Common<br>Stock  | 09/27/2018   |       |   | Code V<br>A  | Amount<br>130 | (D)<br>A | Price<br>\$<br>690  | (Instr. 3 and 4)<br>3,217  | D                      |   |  |  |

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|--|---------------------|--------------------|--|--|---|---|
|   |   |   |   |  | (Instr. 3, 4, and 5)   |                     |                    |  |  |   |   |
|   |   |   |   | Code V                                 | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Addre                     | SS         | Relationships |         |       |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|
|  | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| SUESS CALVIN J<br>1249 S AVENA<br>LODI, CA 95240 | Х          |               |         |       |  |  |  |  |
| Signatures                                       |            |               |         |       |  |  |  |  |
| Calvin J. Suess                                  | 09/27/2018 |               |         |       |  |  |  |  |
| **Signature of<br>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.