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SMITH KEN	NETH W											
Form 4												
March 14, 20	19											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	UNITED STATES SECURITIES AND EACHANGE COMMISSION								3235-0287			
Check thi	s hov		Was	hington,	D.C. 20	549			Number:			
Check this box if no longer								Expires:	January 31, 2005			
subject to	ubject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated a	Estimated average			
Section 10 Form 4 or		SECURITIES								burden hours per		
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligation	¹⁸ Section $17($						•	of 1935 or Sectio	'n			
may conti	nue.) of the Inv	•	•	- ·			/11			
See Instru 1(b).	ction	50(1)	, or the m	(ostinoni v	compun	<i>y</i> 1100	. 01 17	10				
-(-).												
(Print or Type R	lesponses)											
	ddress of Reporting	Person [*]		Name and	Ticker or	Tradin	g	5. Relationship of Reporting Person(s) to				
				ARMERS & MERCHANTS				Issuer				
								(Cheo	ck all applicable	e)		
			BANCO	RP [FMC	[B]			```		, 		
(Last)	(First) (I	Middle)		Earliest Tra	nsaction			Director		b Owner		
4948 MOSHER DR 03/14/2				Month/Day/Year))3/14/2019 . If Amendment, Date Original				XOfficer (give titleOther (specify below) below)				
			03/14/20					Executive Vice President				
			4. If Amer					6. Individual or Joint/Group Filing(Check				
Filed(Mon				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
GTOGUTON	1 04 05010								One Reporting Pe More than One Re			
STOCKTON	N, CA 95212							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		on Date, if	Transactio			or	Securities	Form: Direct	Indirect		
(Instr. 3)		any	Code Disposed of (D)						× /	Beneficial		
		(Month	/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						<i>(</i>))		Reported	(111501. 4)	(1130. 4)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	03/14/2019			А	139	A	\$	3,090	D			
Stock	03/14/2019			Λ	139	A	715	5,070	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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addre	SS	Relationships					
	Director	10% Owner	Officer	Other			
SMITH KENNETH W 4948 MOSHER DR STOCKTON, CA 95212			Executive Vice President				
Signatures							
Kenneth W. Smith	03/14/2019						
<u>**</u> 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.