Edgar Filing: CULP CARL D - Form 4

| Form 4 | | | | | | | | | | | |
|--|------------------|-------------------|----------------------|---|---|----------------|--|---|--|---|--|
| February 21, | | | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | COMMISSION | | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | BENEFI | | LOW | Expires: January 31 200 Estimated average burden hours per response 0. | | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | inue. Section 17 | (a) of the | | ility Hold | ing Com | pany | Act o | ge Act of 1934, f 1935 or Sectio 40 | n | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| | | | Symbol FARME | 2. Issuer Name and Ticker or Trading Symbol FARMERS NATIONAL BANC CORP /OH/ [FMNB] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. D (Mo | | | 3. Date of (Month/Da | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2019 | | | | Director 10% Owner X_Officer (give title Other (specify below) EVP/CFO | | | |
| | | | | th/Day/Year) Applicable Line) _X_ Form filed by | | | | | oint/Group Filing(Check One Reporting Person More than One Reporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| (Instr. 3) a | | r) Executi any | emed on Date, if | 3. Transactio Code | 4. Securities tionAcquired (A) or Disposed of (D)) (Instr. 3, 4 and 5) (A) | | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Farmers National Banc Corp. Common Stock | 02/20/2019 | | | Code V | Amount 2,000 | or (D) A | Price \$ 0 | (Instr. 3 and 4) 48,180 | D | | |
| Farmers National Banc Corp. Common Stock | | | | | | | | 9,252 | I | By 401k Plan | |

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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 SEC 1474 information contained in this form are not (9-02)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) | 4. Transact Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | Secur | unt of rlying | 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 | | |

Reporting Owners

| Reporting Owner Name / Addres | 55 | Relationships | | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| CULP CARL D 20 SOUTH BROAD ST. PO BOX 555 CANFIELD, OH 44406 | | | EVP/CFO | | | | | | |
| Signatures | | | | | | | | | |
| Carl D. Culp | 02/21/2019 | | | | | | | | |

Carl D. Culp

**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).

(1) Award represents a grant of restricted stock which restrictions lapse on the third anniversary of the grant date.

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.