Edgar Filing: BANCFIRST CORP /OK/ - Form 4

| BANCFIRS Form 4 | T CORP /OK/ | | | | | | | | | | |
|---|----------------|--|--------------------------------|--|-------------------------|------------------------------|---------------|--|--|---|--|
| February 22 | , 2016 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| | UNITED | STATES | | RITIES A shington | | | ANGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no lon subject t Section | states states | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | | | |
| Section 16.SECORTTIESburden hours responseForm 4 orForm 5Filed 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 19405000000000000000000000000000000000000 | | | | | | | 0.5 | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> McMillan Marion | | | Symbol | er Name and FIRST CO | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (| | | | | | (Check | all applicable |) | | |
| | | | (Month/Day/Year) 02/22/2016 | | | | | Director10% Owner Officer (give titleXOther (specify below) below) Regional Executive | | | |
| | | | | endment, D onth/Day/Yea | - | al | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| OKLAHON | MA CITY, OK 73 | 102 | | | | | | Form filed by Mo Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | e Secu | rities Acqu | iired, Disposed of, | or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | | ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. Transactic Code (Instr. 8) Code V | omr Dispo (Instr. 3, | sed of 4 and (A) or | | 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 | 02/22/2016 | | | М | 200 | А | \$ 18.813 | 3 200 | D | | |
| Common Stock | 02/22/2016 | | | S | 200 | D | \$ 55.2382 | 0 | D | | |
| Common Stock | | | | | | | | 3,498.774 | Ι | ESOP | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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) | tionof Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. P Der Sec (Ins |
|---|---|---|---|--|----------------------|-----|--|--------------------|---|--|----------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| NQ - Stock Option (Right to Buy) | \$ 18.813 | 02/22/2016 | | М | | 200 | 02/27/2008 | 02/27/2016 | Common Stock | 200 | \$ 1 |
| D | | | | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|--------------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| McMillan Marion 101 N. BROADWAY OKLAHOMA CITY, OK 73102 | | | | Regional Executive | | | |
| Signatures | | | | | | | |
| By: Randy Foraker For: Marion McMillan | | 02/22/2 | 2016 | | | | |

Explanation of Responses:

**Signature of Reporting Person

* 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).

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.