

FOWLER CLIFTON B
Form 5
January 25, 2005

FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Check this box if
no longer subject
to Section 16.
Form 4 or Form
5 obligations
may continue.
See Instruction
1(b).
Form 3 Holdings
Reported
Form 4
Transactions
Reported

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

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

OMB APPROVAL

OMB
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1. Name and Address of Reporting Person *
FOWLER CLIFTON B

(Last) (First) (Middle)

P. O. BOX 1187

(Street)

STARKVILLE, MS 39760

(City) (State) (Zip)

2. Issuer Name **and** Ticker or Trading
Symbol
NBC CAPITAL CORP [NBY]

3. Statement for Issuer's Fiscal Year Ended
(Month/Day/Year)
12/31/2004

4. If Amendment, Date Original
Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

☒ Director ☐ 10% Owner
☒ Officer (give title below) ☐ Other (specify below)
Vice President

6. Individual or Joint/Group Reporting

(check applicable line)

☒ Form Filed by One Reporting Person
☐ Form Filed by More than One Reporting
Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
NBC Capital Corporation common stock	12/31/2004	Â	J	507.4248 A \$ 0	7,699.2371 I		By Employee Benefit Plan
NBC Capital Corporation common stock	12/31/2004	Â	J	179.9844 A \$ 0	3,332.9937 I		By Employee 401K Plan

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NBC Capital Corporation common stock	Â	Â	Â	Â	Â	Â	18.3194	D	Â
NBC Capital Corporation common stock	Â	Â	Â	Â	Â	Â	17.0326	I	By Custodial Account for Daughter

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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(9-02)

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. Transaction Code (Instr. 8)	5. Number 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)
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
Employee Stock Option Right To Buy	\$ 20.75	Â	Â	Â	Â Â	06/13/2002 ⁽¹⁾ 06/12/2011	common stock 2,666
Employee Stock Option Right To Buy	\$ 24.11	Â	Â	Â	Â Â	06/13/2003 ⁽²⁾ 06/12/2012	common stock 2,666
Employee Stock Option Right To Buy	\$ 25.2	Â	Â	Â	Â Â	05/01/2005 ⁽³⁾ 04/30/2014	common stock 2,667

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FOWLER CLIFTON B P. O. BOX 1187 STARKVILLE, MS 39760	X		Vice President	

Signatures

Clifton B. 01/25/2005
Fowler

Signature of Date
Reporting Person

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) The Options vest in four equal annual installments beginning on June 13, 2002.
- (2) The Options vest in four equal annual installments beginning on June 13, 2003.
- (3) The Options vest in four equal annual installments beginning on May 1, 2005.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.