Edgar Filing: FIRST COMMUNITY CORP /SC/ - Form 4

FIRST COM Form 4 August 01, 2	MUNITY CORP	/SC/								
FORN	ГЛ	STATES	SECUR	ITIES A	ND EX(тна	NGE C	OMMISSION		PROVAL
				shington,					OMB Number:	3235-0287
if no long subject to Section 1	Check this box if no longer subject to Section 16. SECURITIES Form 4 or								Estimated average burden hours per	
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the F	Public Ut		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0		
(Print or Type F	Responses)									
1. Name and A CRAPPS M	2. Issuer Name and Ticker or Trading Symbol FIRST COMMUNITY CORP /SC/ [FCCO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O FIRST O BOX 64	(First) (M COMMUNITY C		3. Date of (Month/D 07/31/20	-	ansaction			X Director X Officer (give below) Presi		Owner er (specify
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
LEXINGTO	N, SC 29071							Form filed by M Person	lore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	07/31/2014	07/31/20	014	Р	150	A	\$ 10.62	110,313	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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 / Address		Relationships							
		Director	10% Owner	Officer	Other				
CRAPPS MICHAEL C C/O FIRST COMMUNITY CORP P O BOX 64 LEXINGTON, SC 29071		Х		President and CEO					
Signatures									
Michael C. Crapps	08/01/2	014							
<u>**</u> Signature of	Date								

<u>**</u>Signature of Reporting Person

ting 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).

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.