#### Edgar Filing: Elmore Samuel L - Form 4

Elmore Samuel Form 4	L										
Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continue	<ul> <li>Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction</li> <li>UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549</li> <li>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES</li> <li>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</li> </ul>								Number:3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5		
(Print or Type Resp	oonses)										
Elmore Samuel L Symb FIRS			Issuer Name <b>and</b> Ticker or Trading nbol RST COMMUNITY NCSHARES INC /NV/ [FCBC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) P. O. BOX 989	(First) (Mide	arliest Transaction /Year) 8				X_ Director 10% Owner Officer (give title Other (specify below) below)					
	(Street)	nent, Date Original Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
BLUEFIELD,	VA 24605						Person	lore than One Re	porting		
(City)	(State) (Zij	p) Table I	- Non-Der	ivative Se	curiti	es Acqu	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l 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	04/05/2018		А	41	А	\$0	6,524	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)

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION	\$ 12.07					12/19/2011	12/19/2021	COMMON STOCK	4,907
STOCK OPTION	\$ 29.15					12/31/2003(1)	(2)	COMMON STOCK	1,297
STOCK OPTION	\$ 24.65					12/31/2002(1)	(2)	COMMON STOCK	865

## **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Elmore Samuel L P. O. BOX 989 Х BLUEFIELD, VA 24605

### Signatures

Samuel L. Elmore by: Sarah W. Harmon (His Attorney-in-Fact)

\*\*Signature of Reporting Person

04/05/2018

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) Stock options vest and become exercisable in seven equal annual installments beginning with the date listed.

Stock options are exercisable until 5 years after retirement at or after age 62, disability or death. If employment is terminated other than (2) by retirement at or after 62, disability or death vested options must be exercised within 90 days after the effective date of termination. Any option not exercised within such period shall be deemed cancelled.

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.