## Edgar Filing: Community Bankers Trust Corp - Form 4

Community Bankers Trust Corp Form 4 September 06, 2016

September 00	<b>b</b> , 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	UNITEDS	TATES				ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	er <b>STATEM</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: Estimated a burden hou	irs per	
Form 4 orresponse0.Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.see Instruction30(h) of the Investment Company Act of 1940									0.5			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Barber Gerald F.			2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			Community Bankers Trust Corp [ESXB]					)	(Check all applicable)			
(Last)	(First) (M	First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)				_X_Director10% Owner Officer (give titleOther (specify below)below)						
9954 MAYL 2100	AND DRIVE, SU	JITE	09/01/20	)16					below)	Delow)		
	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					
RICHMONE	D, VA 23233									More than One Re		
(City)	(State) (	Zip)	Table	e I - Nor	n-De	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	Code (Instr.	8)	4. Securit nAcquired Disposed (Instr. 3, -	(A) o 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	09/01/2016	09/01/2	2016	A <u>(1)</u>		735	А	\$0	12,406	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)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
				Code V	. ,	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			
Barber Gerald F. 9954 MAYLAND DRIVE SUITE 2100 RICHMOND, VA 23233	Х						
Signatures							
/s/ John M. Oakey, III by powe attorney	r of	09,	/06/2016	1			

\*\*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).

On May 20, 2016, the Issuer approved compensation with respect to its Board of Directors for the period from September 2016 through November 2016. This compensation includes a stock award for the retainer for the reporting person's service on the Board of Directors, based on the market value of the Issuer's common stock at the close of business on September 1, 2016. The stock award is being made

under the Issuer's 2009 Stock Incentive Plan.

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.