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Form 4	LEY BANC CO	RP									
Check this box if no longer subject to Section 16. SECURITIES SECURITIES Number: Number: Expires: January Estimated average burden hours per								3235-0287 January 31, 2005 erage			
HOWE HAROLD A Symbo				D VALLEY BANC CORP				Relationship of Reporting Person(s) to uer (Check all applicable)			
(Last) (First) (Middle) 3. Dat (Mon			(Month/	onth/Dav/Year) —				X Director Officer (give tit low)			
Filed(M			Month/Day/Year) App				Individual or Joint/Group Filing(Check plicable Line) _ Form filed by One Reporting Person _ Form filed by More than One Reporting				
GALLIPOLIS, OH 45631-0240				Person					-		
	(State) 2. Transaction Date (Month/Day/Year)	(Zip) 2A. Deemed Execution D any (Month/Day	l vate, if	3. Transactic Code	Derivative Securities Acquir 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. 7 Ownership I Form: F Direct (D) 0	Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	05/10/2016			Code V $J(1)$	Amount 109.7214	or (D) A	Price \$ 22.3035	(Instr. 3 and 4)			
Common Shares	05/10/2016			J <u>(1)</u>	1.8521	A	\$ 22.3035	198.5813	Ι	Custodian For Daughter	
Common Shares								6,902	Ι	Ira	

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

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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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
HOWE HAROLD A 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 45631-0240	Х								
Signatures									
/s/ Melissa P. Mason - Power of Attorney		05/12/	2016						
**Signature of Reporting Person		Date	e						
Explanation of Responses:									

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) Acquisition under Ohio Valley Banc Corp. Dividend Reinvestment 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.