CHIAFULLO JAMES D

Form 5/A March 29, 2019

FORM 5 **OMB**

OMB APPROVAL

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

3235-0362 Number: January 31, Expires:

2005

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer CHIAFULLO JAMES D Symbol FNB CORP/PA/ [FNB] (Check all applicable) (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) __X__ Director 10% Owner Officer (give title Other (specify 12/31/2018 below) below) ONE NORTH SHORE CENTER, 12 FEDERAL STREET (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) 02/13/2019

PITTSBURGH, Â PAÂ 15212

X Form Filed by One Reporting Person Form Filed by More than One Reporting

| (City) | (State) (Zij | p) Table I | - Non-Deriva | tive Secur | ities A | Acquire | ed, Disposed of, | 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. Transaction Code (Instr. 8) | 4. Securi Acquired Disposed (Instr. 3, | l (A) of (D) 4 and (A) or |)) | 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) |
| Common Stock | Â | Â | Â | Â | Â | Â | 58,986.545 (1) | D | Â |
| Common Stock | Â | Â | Â | Â | Â | Â | 300 | I | Custodian for Grandson |
| Depositary Shares Representing Series | Â | Â | Â | Â | Â | Â | 2,000 | D | Â |

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Preferred E

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Derivative Conversion Security or Exercise (Instr. 3) Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | Number of Derivative Securities Acquired (A) or Disposed | (Month/Day/Year) erivative curities equired) or | | Amount Underly Securitie (Instr. 3 | ring es | Derivative Security (Instr. 5) |
|--|------------------|---|-----------------------------------|--|--|--------------------|---|------------|--------------------------------------|
| | | | | of (D) (Instr. 3, | | | | | |
| | | | | 4, and 5) | | | | | |
| | | | | (A) (D) | Date Exercisable | Expiration Date | Title N | lumber | |

Reporting Owners

| D 1 | | | |
|-----|-------|--------|-----|
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| 110 | au. | 113111 | L D |

Reporting Owner Name / Address

Director 10%
Owner Officer Other

CHIAFULLO JAMES D ONE NORTH SHORE CENTER 12 FEDERAL STREET PITTSBURGH, PAÂ 15212

X Â Â Â

Signatures

James D. 03/29/2019 Chiafullo

**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) Includes 979.3044 shares acquired under the F.N.B Corporation Dividend Reinvestment Plan.

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.

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