Edgar Filing: DENARDO F BRAD - Form 4

| DENARDO F BF | RAD | | | | | | | | | | |
|--|------------------|--|---------------------------------|------------------------------------|------------------|-----------------|--|---|------------------------|--------------|--|
| Form 4 | | | | | | | | | | | |
| July 16, 2018 | | | | | | | | | | | |
| FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | | OMB APPROVAL | |
| | UNITEDS | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | |
| Check this box | | | | | | | | | Expires: | January 31 | |
| if no longer subject to | STATEM | ENT OI | F CHAN | CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | 2005 | |
| Section 16. | | SECURITIES | | | | | Estimated a burden hou | • | | | |
| Form 4 or | | | | | | response | • | | | | |
| Form 5 | Filed pursu | uant to S | Section 16 | (a) of the | Securiti | es Ex | chang | ge Act of 1934, | | | |
| obligations may continue. | Section 17(a) |) of the l | Public Uti | ility Hold | ing Com | pany | Act o | of 1935 or Section | on | | |
| See Instruction | | 30(h) | of the Inv | estment (| Company | Act | of 19 | 40 | | | |
| 1(b). | | | | | | | | | | | |
| | | | | | | | | | | | |
| (Print or Type Respondence) | nses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationsh | | | | | 5 Relationship o | f Reporting Per | son(s) to | | | | |
| DENARDO F B | | | Ivallie allu | | Taum | g | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | Symbol NATIONAL BANKSHARES INC | | | | | | | | |
| | | [NKSH] | | | | | (Check all applicable) | | | | |
| | | | | | | | | W D' | 100 | | |
| (Last) (First) (Middle) 110 MATEER CIRCLE | | | 3. Date of Earliest Transaction | | | | | X_ Director 10% Owner Officer (give title Other (specify | | | |
| | | | (Month/Day/Year) 07/16/2018 | | | | | below) below) | | | |
| 110 MATLER C | IKCLL | | 0//10/20 | /18 | | | | | | | |
| (| | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| Fi | | | | h/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| | NA 24060 | | | | | | | | More than One Re | | |
| BLACKSBURG | , VA 24060 | | | | | | | Person | | 1 0 | |
| (City) (| (State) (Z | Zip) | Table | e I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of 2. T | Transaction Date | 2A. Dee | med | 3. | 4. Securit | ies | | 5. Amount of | 6. Ownership | 7. Nature of | |
| | onth/Day/Year) | | on Date, if | TransactionAcquired (A) or | | | r | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | | Code | Disposed of (D) | | | Beneficially Owned | (D) or Indirect (I) | Beneficial | |
| | | (Month/ | Day/Year) | (Instr. 8) (Instr. 3, 4 and 5) | | | 5) | | | Ownership | |
| | | | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Transaction(s) | | | |
| | | | | Code V | Amount | or | Price | (Instr. 3 and 4) | | | |
| Common | | | | Code v | Amount | (D) | Price | | | | |
| Stock | | | | | | | | 16,706 | D | | |
| | | | | | | | | | | | |
| Common | | | | | | | | 15,667 | Ι | by ESOP | |
| Stock | | | | | | | | ., | | J | |

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.

Edgar Filing: DENARDO F BRAD - Form 4

 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. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Under Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur 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 / Addr | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| DENARDO F BRAD 110 MATEER CIRCLE BLACKSBURG, VA 2406 | X 0 | | | | | | |
| Signatures | | | | | | | |
| /s/F. Brad Denardo | 07/16/2018 | | | | | | |
| <u>**</u> 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).

Remarks:

This Form 4 is being filed to properly reflect Mr. Denardo's beneficial ownership. The Company's proxy statement dated Marc

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.