## Edgar Filing: Miles Carla P - Form 4

Miles Carla P	)											
Form 4												
August 21, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								r	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this			v v u si	inigton, i	D.C. 20.					January 31,		
if no long	ENT OF CH	F CHANGES IN BENEFICIAL OWNERSHI						Expires:	2005			
subject to				SECURI	SECURITIES					Estimated average burden hours per		
Form 4 or								response	•			
Form 5 obligation	~ <sup>-</sup>							ge Act of 1934,				
may conti				•	•	- ·		f 1935 or Sectio	n			
See Instru 1(b).	ction	30(h) of th	ne mv	estment	Joinpan	y Aci	. 01 19	40				
1(0).												
(Print or Type R	esponses)											
				Name and '	Ticker or 7	Гradin	g	5. Relationship of Reporting Person(s) to Issuer				
F			Symbol FARMERS CAPITAL BANK CORP [FFKT]									
												(Last)
			(Month/Day/Year)					Officer (give titleXOther (specify below) below)				
PO BOX 309	7	08/	20/20	18				Offi	cer - Subsidiary	7		
			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				
FRANKFOR	RT, KY 40602							_X_ Form filed by M Form filed by M Person				
(City)	(State) (2	Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				Form: Direct D) or	Indirect Beneficial			
(Instr. 3)								Beneficially Owned		Ownership		
							Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	00/00/2010			D	0	D	(1)	0	D			
Stock .125 par value	08/20/2018			D	0	D	<u>(1)</u>	0	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. 6. Date Exercisal forNumber Expiration Date of (Month/Day/Yea Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Miles Carla P PO BOX 309 FRANKFORT, KY 40602				Officer - Subsidiary			
Signatures							
/s/ Mary Thomas, Attorney in I 2/8/17	08/21/2018						
<u>**</u> Signature of Reportin	g 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).

Disposed of pursuant to the Agreement and Plan of Merger dated April 19, 2018, by and among the Issuer, WesBanco, Inc. ("WesBanco"), WesBanco Bank, Inc. and United Bank & Capital Trust Company (the "Merger Agreement"). In accordance with the

(1) Merger Agreement, the Issuer was merged with and into WesBanco, effective August 20, 2018 (the "Merger"), and each issued and outstanding share of Issuer common stock was exchanged for 1.053 shares of WesBanco common stock and \$5.00 in cash, without interest. As a result of the Merger, the Reporting Person no longer beneficially owns directly or indirectly any shares of Issuer common stock.

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.