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Garner Dav Form 4 January 23												
FOR	M 4	~~.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									PPROVAL	
UNITED STATES SEC							OMB Number:	3235-0287				
Washington, D.C. 20549Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESSTATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5 obligations may continue. See Instruction 							Expires: January 3 200 Estimated average burden hours per response 0					
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> Garner David W				2. Issuer Name and Ticker or Trading Symbol SIMMONS FIRST NATIONAL CORP [SFNC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) S FIRST NATIOI ATION, 501 MAI	NAL	3. Date (Month 01/18/	/Day/Ye		Fransactio	n		Director X Officer (give below) EVP, O			
PINE BLU	(Street) JFF, AR 71601		4. If An Filed(M			Date Origin ar)	nal		6. Individual or Jo Applicable Line) _X_ Form filed by M Form filed by M Person	One Reporting P	erson	
(City)	(State)	(Zip)	Та	hle I - N	Jon-	.Derivativ	e Seci	urities Ac		f or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		l Date, if	3. Transa Code (Instr.	actio 8)	4. Securi	ties Ad	cquired d of (D)	5. Amount of Securities Beneficially Owned	or Beneficially Owned6. Ownership7. Nature ofForm: DirectIndirect(D) orBeneficialIndirect (I)Ownership(Instr. 4)(Instr. 4)		
SFNC	01/18/2019			М		526	A	\$ 26.48	31,372	D		
SFNC	01/18/2019			F		193	D	\$ 26.48	31,179	D		
SFNC	01/19/2019			А		318	А	\$ 26.17	31,497	D		
SFNC	01/19/2019			F		117	D	\$ 26.17	31,380	D		
SFNC									4,306	D		

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SFNC	5,874	D	
SFNC	6,000	Ι	By Trust (Mother)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	\$ 26.48	01/18/2019		М	526 (1)	(2)	(2)	Common	526 <u>(1)</u>	\$ 26.

Reporting Owners

Reporting Owner Name / Address			Relationships		
	Director	10% Owner	Officer	Other	
Garner David W SIMMONS FIRST NATIONAL CORPORA 501 MAIN STREET PINE BLUFF, AR 71601	ATION		EVP, Controller & CAO		
Signatures					
/s/ David W. Garner by Piper P. Erwin	01/23/2019				
**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).

(1)

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On February 8, 2018, the Company effected a 2-for-1 stock split. The number of shares/units reported in this Form 4 has been adjusted to reflect the stock split.

(2) The Restricted Stock Unit vested on January 18, 2019.

526 Restricted Stock Units vest on January 18, 2020 and 544 Restricted Stock Units vest on January 18, 2021. SFNC shares will be

(3) delivered within 30 days of vesting. Events such as retirement, death, disability and other specified events in the agreement may result in earlier vesting.

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.