## Edgar Filing: EASTMAN BRENT R - Form 4

| EASTMAN  | N BRENT R        |                 |   |                                |     |   |  |   |  |   |                     |  |  |
|--|------------------|-----------------|---|--------------------------------|-----|---|--|---|--|---|---------------------|--|--|
| Form 4   |                  |                 |   |                                |     |   |  |   |  |   |                     |  |  |
| February 2   | 2, 2019          |                 |   |                                |     |   |  |   |  |   |                     |  |  |
| FOR  | M4               | отатго          | SECU  | тотт                           | FC  | AND EVC                                   | TT A N   |   | <b>IMISSION</b>  | OMB APF   | ROVAL               |  |  |
|  | this box         | SIAIES          |   |                                |     | n, D.C. 205                               |  | GE CON  | 111155101  | OMB<br>Number:  | 3235-0287           |  |  |
| if no lo   | nger             |                 |   | NOD                            |     |   | ~~   |   |  | Expires:  | January 31,<br>2005 |  |  |
| subject to<br>Section 16.<br>Form 4 or   |                  |                 |   | SE                             | CU  | RITIES                                    | Estimated average<br>burden hours per<br>response 0. |   |  |   |                     |  |  |
| Form 5<br>obligat<br>may co<br><i>See</i> Ins<br>1(b).   | ions Section 17  | (a) of the      | Public  | Utility                        | Ho  | the Securitie<br>Iding Comp<br>It Company | bany   | Act of 19.  | ct of 1934,<br>35 or Section   |   |                     |  |  |
| (Print or Type   | e Responses)     |                 |   |                                |     |   |  |   |  |   |                     |  |  |
| EASTMAN BRENT R Symbol<br>OHIO   |                  |                 | Symbol<br>OHIO  | mbol I<br>HIO VALLEY BANC CORP |     |   |  |   | Relationship of Reporting Person(s) to ssuer<br>(Check all applicable)                       |   |                     |  |  |
| ( <b>T</b> )   |                  | <b>AC1</b> 11 \ | [OVB  | -                              |     | <b>_</b> .                                |  |   |  | 100 0   |                     |  |  |
| (Mon   |                  |                 | (Month  | Month/Dav/Year) —              |     |   |  |   | XDirector10% Owner<br>Officer (give titleOther (specify<br>low) below)                       |   |                     |  |  |
|  |                  |                 |   | ed(Month/Day/Year) Appl<br>_X_ |     |   |  |   | ndividual or Joint/Group Filing(Check<br>licable Line)<br>Form filed by One Reporting Person |   |                     |  |  |
| GALLIPC  | OLIS, OH 45631-0 | 0240            |   |                                |     |   |  | Pers  |  | ore than One Repo   | rting               |  |  |
| (City)   | (State)          | (Zip)           | Та  | ble I - I                      | Non | -Derivative S                             | ecurit   | ies Acquire   | d, Disposed of,  | or Beneficially   | Owned               |  |  |
| 1.Title of<br>Security2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |                  |                 | e, if TransactionDisposed of (D) Securit<br>Code (Instr. 3, 4 and 5) Benefic<br>Gear) (Instr. 8) Owned<br>Follow<br>Reporte |                                |     |   |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)                                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                     |  |  |
|  |                  |                 |   | Code                           | V   | Amount                                    | or<br>(D)  | Price   | (Instr. 3 and 4  |   |                     |  |  |
| Common<br>Shares   | 01/31/2019       |                 |   | G                              | V   | 100                                       | D  | \$ 35.88  | 65,745.232   | 4 D   |                     |  |  |
| Common<br>Shares   | 02/21/2019       |                 |   | J <u>(1)</u>                   |     | 368.4783                                  | А  | \$<br>37.5259   | 66,113.710   | 7 D   |                     |  |  |
| Common<br>Shares   | 02/21/2019       |                 |   | J <u>(1)</u>                   |     | 14.8289                                   | A  | \$<br>37.5259   | 2,664.6984   | I   | Cust for ABE        |  |  |
| Common<br>Shares   | 02/21/2019       |                 |   | <b>J</b> (1)                   |     | 14.8289                                   | А  | \$<br>37.5259   | 2,664.6984   | I   | Cust for<br>BTE     |  |  |

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

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Securi<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|---|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| EASTMAN BRENT R<br>420 THIRD AVE<br>PO BOX 240<br>GALLIPOLIS, OH 45631-0240 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| /s/ Melissa P. Wooten, power of attorney                                    | 02/22/2019    |           |         |       |  |  |  |
| **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) 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.