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HORNADAY Form 4/A	F D III									
January 23, 20	19									
FORM	4 UNITED ST	FATES SECUR	ITIES AN	ND EVCU			IMISSION	OMB APF	PROVAL	
	UNITED S			D EACH D.C. 20549		JE CON	111155101	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				ES IN BENEFICIAL OWNERSHIP OF ECURITIES					January 31, 2005 erage per 0.5	
Form 4 or Form 5 obligations may continue.response0.5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19400.5										
(Print or Type Res	sponses)									
1. Name and Add HORNADAY	lress of Reporting Pe ' F D III	Symbol		Ficker or Tra	ding	5. I Issu	Relationship of H Jer	Reporting Perso	n(s) to	
			RICAN NATIONAL (SHARES INC. [amnb]				(Check all applicable)			
(Last) P O BOX 968	, , , , , , , , , , , , , , , , , , ,	(Month/Da	-	nsaction		X	K Director Officer (give ti ow)	tle $\frac{10\% \text{ C}}{\text{below}}$	Owner (specify	
F U DUA 900		03/16/20		0		(]			(6)	
(Street) 4. If Amend Filed(Month 01/23/201			h/Day/Year)	/Day/Year) Applicable Line) [9 _X_ Form filed by (plicable Line) Form filed by O	vint/Group Filing(Check		
BURLINGTO	N, NC 27216					Per	Form filed by Mo son	ore than One Repo	orting	
(City)	(State) (Z	Cip) Table	e I - Non-De	erivative Sec	urities	s Acquire	d, Disposed of,	or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securitie otor Disposed (Instr. 3, 4	d of (Ē and 5)))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A) or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
American			Code V	Amount	(D)	Price	(instr. 5 und 1)	, 		
National Banksharesd Inc.	03/16/2018		J <u>(1)</u>	60.1925	А	\$ 39.74	26,135.8595	5 D		
American National Bankshares Inc.	06/15/2018		J <u>(1)</u>	59.0122	A	\$ 42.3	26,194.8717	7 D		
American National Bankshares Inc.	09/21/2018		J <u>(1)</u>	64.497	A	\$ 39.99	26,259.3687	7 D		

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American National Bankshares Inc.	12/21/2018	J <u>(1)</u>	89.6413	A	\$ 30.03	26,349.01	D	
American National Bankshares Inc.						2,072	Ι	by wife

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	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration I	Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	;		(Instr. 3 and 4)		Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amount		
								or		
						Data	Expiration	01		

Code V (A) (D)	Date Exercisable	Expiration Date	Title	or Number of Shares
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Reporting Owners

Reporting Owner Name / Addr	Relationships						
	Director	10% Owner	Officer	Other			
HORNADAY F D III P O BOX 968 BURLINGTON, NC 27216	Х						
Signatures							
Carolyn Compton	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) Received through DRP

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.