Bessant Catherine P Form 4 August 10, 2018

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** OMB

Washington, D.C. 20549 Check this box

3235-0287 Number: January 31,

if no longer subject to Section 16. Form 4 or Form 5

obligations

Expires: 2005 Estimated average

5 Relationship of Reporting Person(s) to

Filed 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

burden hours per response... 0.5

may continue. See Instruction

30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

2 Jasuar Nama and Tiakar or Trading

1(b).

Common

Common

Stock

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Bessant Ca	therine P	S: B	2. Issuer Name and Symbol BANK OF AMER BAC]		C	(Check all applicable)				
(Last) (First) (Middle)  100 NORTH TRYON STREET			. Date of Earliest Tra Month/Day/Year) 08/09/2018	nnsaction		Director 10% Owner _X_ Officer (give title Other (specify below)  Chief Ops & Tech Officer				
(Street)			. If Amendment, Dat illed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	Table I - Non-Do	erivative Se	ecurities Acq	Person uired, Disposed of				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day/	oate, if Transaction Code ( /Year) (Instr. 8)	(Instr. 3, 4 a	osed of (D) nd 5)  (A) or (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	08/09/2018		S	15,820 I	31.61	483,679.52	D			
Common Stock						8,186.11 <u>(1)</u>	I	401(k) Plan		
Common Stock						114,948	I	Revocable Trust		

**UTMA** 

Trust 1 **UTMA** 

Trust 2

Ι

I

1,250

1,250

#### Edgar Filing: Bessant Catherine P - Form 4

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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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	3A. Deemed	4.	4	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ction	Number	Expiration Da	ate	Amou	ınt of	Derivative	
	Security	or Exercise		any	Code	(	of	(Month/Day/	Year)	Under	rlying	Security	
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8	8) Derivative		;		Securities		(Instr. 5)	
		Derivative			Securities			(Instr.	3 and 4)				
		Security				1	Acquired						
		-				(	(A) or						
						]	Disposed						
						(	of (D)						
						(	(Instr. 3,						
						4	4, and 5)						
											Amount		
								Date	Expiration	m: d	or		
								Exercisable	Date	Title Number			
				G 1		(A) (B)				of			
					Code	V (	(A) (D)				Shares		

#### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Bessant Catherine P 100 NORTH TRYON STREET CHARLOTTE, NC 28255

Chief Ops & Tech Officer

#### **Signatures**

Catherine P. Bessant/Natalie A. Hyman POA

08/10/2018

\*\*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) The share equivalents attributed to the reporting person's 401(k) balance increased 78.17 shares due to dividend reinvestments and changes in the Net Asset Value of the issuer's stock fund.

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.

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