Shillingburg Stephanie E Form 4 April 04, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

response...

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

obligations

may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

SECURITIES

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Shillingburg Stephanie E | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--------------------------------------------------------------------|------------|----------|----------------------------------------------------|------------------------------------------------------------------------------------------|--|--|--|
| | | | F&M BANK CORP [fmbm] | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | |
| 1699 LAKEV | IEW DRIVI | Е | (Month/Day/Year) 04/04/2019 | Director 10% OwnerX_ Officer (give title Other (specify below) Executive Vice President | | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| WOODSTOC | K, VA 2266 | 54 | | Form filed by More than One Reporting Person | | | |

| (City) | (State) | (Zip) Ta | ble I - Non | -Derivative | Secur | ities A | equired, Dispose | d of, or Bene | ficially Owned |
|--------------------------------------|--------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------------------------------|--------|---------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securitie on(A) or Disp (Instr. 3, 4) | osed o | of (D) | 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 | 04/04/2019 | | P | 25.5276 | A | | 538.6495 | D | |
| Common Stock | | | | | | | 2,500 | I | By Non-Qualified Comp. Plan |
| Common Stock | | | | | | | 4,915.852 | I | By ESOP |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form

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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 | 2. | 3. Transaction Date (Month/Day/Year) | | 4. | 5. onNumber | 6. Date Exerc | | 7. Titl | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|-----------------------------------------------------------------|--------------------------------------|----------------------|-----------------|----------------|---------------------|--------------------|---------|----------------------------------------|------------------------|-----------------------------------------------------------|
| Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Tear) | any (Month/Day/Year) | Code (Instr. 8) | of | | | Under | rlying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships |
|--------------------------------|---------------|
|--------------------------------|---------------|

Director 10% Owner Officer Other

Shillingburg Stephanie E 1699 LAKEVIEW DRIVE WOODSTOCK, VA 22664

Executive Vice President

Signatures

Stephanie E. 04/04/2019 Shillingburg

**Signature of Reporting Date
Person

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).

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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