Edgar Filing: Ameris Bancorp - Form 4

Ameris Ban Form 4	•											
July 30, 201									OMB	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										3235-0287		
Check this box if no longer									Expires:	January 31, 2005		
subject to Section 16. Form 4 or				SECU	RITIES					ed average nours per		
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type	Responses)											
STERN WILLIAM H Symbo				. Issuer Name and Ticker or Trading mbol meris Bancorp [ABCB]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)		-	-	-		(Chee	ck all applica	ble)		
				te of Earliest Transaction hth/Day/Year) 9/2015				X_ Director 10% Owner Officer (give title Other (specify below) below)				
				Amendment, Date Original d(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)						Person				
								quired, Disposed o		-		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3, Amount	ispose 4 and (A) or	d 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				Code v	Amount	(D)	Thee	10,602.4004 (1)	D			
Common	07/29/2015			Р	182	А	\$ 26.42	182	Ι	Spouse		
Common	07/29/2015			Р	1,266	А	\$ 26.42	1,266	I	Children		
Common	07/29/2015			Р	1,500	А	\$ 26.42	1,500	Ι	Family Trust		
Common	07/29/2015			Р	185	А	\$ 26.42	185	Ι	Family Foundation		

Edgar Filing: Ameris Bancorp - 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.

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.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable Date	Title Numbe	Number			
					(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
STERN WILLIAM H P.O. BOX 3668 MOULTRIE, GA 31776	Х						
Signatures							
William H. Stern, by Cara P. M Attorney-In-Fact	Ionfort,			07/30/2015			
<u>**</u> Signature of Reporting	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) This total includes 307.1603 shares acquired by the reporting person as a participant in an employee stock purchase 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.