#### SIMMONS FIRST NATIONAL CORP

Form 4

March 25, 2015

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

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**OMB APPROVAL** 

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

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* MAKRIS GEORGE JR

2. Issuer Name and Ticker or Trading Symbol

Issuer

SIMMONS FIRST NATIONAL

(Check all applicable)

5. Relationship of Reporting Person(s) to

CORP [SFNC]

(Middle)

3. Date of Earliest Transaction

\_X\_ Director 10% Owner X\_ Officer (give title Other (specify

(Month/Day/Year) 03/25/2015

below) Chairman & CEO

SIMMONS FIRST NATIONAL CORP., 501 MAIN STREET

(First)

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

PINE BLUFF, AR 71601

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
SFNC	03/25/2015		Code V A	Amount 2,440 (1)	(D) A	Price \$ 44.4	(Instr. 3 and 4) 19,090	D	
SFNC				_			79,433	D	
SFNC							173	D	
SFNC							10,430	D	
SFNC							4,050	I	By IRA
SFNC							4,750	I	IRA (Spouse)
SFNC							1,000	I	

Trust (Sister) (2)

(9-02)

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 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option	\$ 44.4	03/25/2015		A	4,240	03/25/2016	03/25/2025	Common	4,2
Non-Qualified Stock Option	\$ 44.4	03/25/2015		A	4,240	03/25/2017	03/25/2025	Common	4,2
Non-Qualified Stock Option	\$ 44.4	03/25/2015		A	4,240	03/25/2018	03/25/2025	Common	4,2

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting of the Fund of Fundament	Director	10% Owner	Officer	Other			
MAKRIS GEORGE JR SIMMONS FIRST NATIONAL CORP. 501 MAIN STREET PINE BLUFF, AR 71601	X		Chairman & CEO				
Signatures							
/s/ George Makris, Jr. by Piper P. Erwin	03/25/2	015					
**Signature of Reporting Person	Date						

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### Edgar Filing: SIMMONS FIRST NATIONAL CORP - Form 4

# **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) Shares will vest evenly over the next three years.
- (2) Trustee with no direct pecuniary interest of trust, adult sister.

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.