

SIMMONS FIRST NATIONAL CORP
 Form 4
 May 20, 2016

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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)

1. Name and Address of Reporting Person *
 Casteel Marty

2. Issuer Name and Ticker or Trading Symbol
 SIMMONS FIRST NATIONAL CORP [SFNC]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 SIMMONS FIRST NATIONAL CORP, 501 MAIN STREET
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 05/19/2016

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 SEVP

PINE BLUFF, AR 71601

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(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. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)			
				(A) or (D)	Price					
				Code	V	Amount				
SFNC	05/19/2016		M		1,000	A	\$ 26.19	37,955	D	
SFNC								4,092	D	
SFNC								2,288	D	
SFNC								10,861	D	

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

SEC 1474 (9-02)

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. Transaction Code (Instr. 8)	5. Number of 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 Amount of Underlying Securities (Instr. 3 and 4)	8. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option	\$ 26.19	05/22/2006	05/19/2016	M	200			05/22/2007	05/20/2016	Common	200
Incentive Stock Option	\$ 26.19	05/22/2006	05/19/2016	M	200			05/22/2008	05/20/2016	Common	200
Incentive Stock Option	\$ 26.19	05/22/2006	05/19/2016	M	200			05/22/2009	05/20/2016	Common	200
Incentive Stock Option	\$ 26.19	05/22/2006	05/19/2016	M	200			05/22/2010	05/20/2016	Common	200
Incentive Stock Option	\$ 26.19	05/22/2006	05/19/2016	M	200			05/22/2011	05/20/2016	Common	200

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Casteel Marty
SIMMONS FIRST NATIONAL CORP
501 MAIN STREET
PINE BLUFF, AR 71601

SEVP

Signatures

/s/ Marty Casteel by Piper P. Erwin

05/20/2016

__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).

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.