## Edgar Filing: CAMPBELL WILLIAM B - Form 4

| CAMPBELL  | WILLIAM B         |  |                                 |                                     |             |       |            |  |                         |                     |  |
|---|-------------------|--|---------------------------------|-------------------------------------|-------------|-------|------------|--|-------------------------|---------------------|--|
| Form 4  |                   |  |                                 |                                     |             |       |            |  |                         |                     |  |
| May 18, 2018  | 8                 |  |                                 |                                     |             |       |            |  |                         |                     |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION |                   |  |                                 |                                     |             |       |            | OMB APPROVAL                                       |                         |                     |  |
| Washington, D.C. 20549                                  |                   |  |                                 |                                     |             |       | COMMISSION | OMB<br>Number:                                     | 3235-0287               |                     |  |
| Check thi<br>if no long                                 | or                |  |                                 |                                     |             |       |            |  | Expires:                | January 31,<br>2005 |  |
| subject to STATEMENT OF CHAN                            |                   |  |                                 | GES IN BENEFICIAL OWN<br>SECURITIES |             |       |            | NERSHIP OF   | Estimated average       |                     |  |
| Section 1   |                   |  |                                 |                                     |             |       |            |  | burden hours per        |                     |  |
| Form 4 or<br>Form 5                                     |                   |  | Castian 1                       | (a) = f + b                         | - Commi     | ing F |            | • A et ef 1024                                     | response                | 0.5                 |  |
| obligation  | • · · · ·         |  |                                 |                                     |             |       | -          | e Act of 1934,<br>1935 or Sectior                  |                         |                     |  |
| may conti   | inue.             |  |                                 | vestment                            | •           | · ·   |            |  | 1                       |                     |  |
| See Instru<br>1(b).                                     | iction            | 50(11)   | of the m                        | vestment                            | compar      | ly ne | 101174     |  |                         |                     |  |
| 1(0).   |                   |  |                                 |                                     |             |       |            |  |                         |                     |  |
| (Print or Type R  | Responses)        |  |                                 |                                     |             |       |            |  |                         |                     |  |
|   |                   |  |                                 |                                     |             |       |            |  |                         |                     |  |
| CAMPBELL WILLIAM B Symbol                               |                   |  |                                 | er Name and Ticker or Trading       |             |       |            | 5. Relationship of Reporting Person(s) t<br>Issuer |                         |                     |  |
|   |                   |  |                                 |                                     |             |       |            | Issuer   |                         |                     |  |
| FN  |                   |  | FNB CO                          | ORP/PA/                             | [FNB]       |       |            | (Check all applicable)                             |                         |                     |  |
| (Last) (First) (Middle) 3. Date of                      |                   |  | of Earliest Transaction         |                                     |             |       |            |  |                         |                     |  |
| ONE F.N.B. BLVD 05/16/<br>(Street) 4. If Ar             |                   |  |                                 | onth/Day/Year)                      |             |       |            | X_ Director  |                         | Owner<br>(specify   |  |
|   |                   |  | 05/16/2018                      |                                     |             |       |            | Officer (give title Other (specify below) below)   |                         |                     |  |
|   |                   |  | 4. If Ame                       | ndment, Da                          | ate Origina | 1     |            | 6. Individual or Joint/Group Filing(Check          |                         |                     |  |
|   |                   |  | Filed(Mor                       | nth/Day/Year                        | ;)          |       |            | Applicable Line)                                   |                         |                     |  |
|   |                   |  |                                 |                                     |             |       |            | _X_ Form filed by O<br>Form filed by M             |                         |                     |  |
| HERMITAC  | GE, PA 16148      |  |                                 |                                     |             |       |            | Person   |                         | porting             |  |
| (City)  | (State)           | (Zip)  | Tabl                            | e I - Non-E                         | Derivative  | Secur | ities Acq  | uired, Disposed of                                 | , or Beneficial         | ly Owned            |  |
| 1.Title of  | 2. Transaction Da | ate 2A. Deer                                     | eemed 3. 4. Securities Acquired |                                     |             |       |            | 5. Amount of 6. Ownership 7. Nature of             |                         |                     |  |
| Security  | (Month/Day/Year   | n Date, if                                       |                                 | on(A) or D                          |             |       | Securities | Form: Direct                                       |                         |                     |  |
| (Instr. 3)  |                   | Code (Instr. 3, 4 and 5)<br>Day/Year) (Instr. 8) |                                 |                                     |             |       | •          |  | Beneficial<br>Ownership |                     |  |
|   |                   | (ivionui)  | Day/Tear)                       | (Insu. 0)                           |             |       |            | Following  | (Instr. 4)              | (Instr. 4)          |  |
|   |                   |  |                                 |                                     |             | (A)   |            | Reported   |                         |                     |  |
|   |                   |  |                                 |                                     |             | or    |            | Transaction(s) (Instr. 3 and 4)                    |                         |                     |  |
| ~   |                   |  |                                 | Code V                              | Amount      | (D)   | Price      | (msu. 5 anu 4)                                     |                         |                     |  |
| Common  | 05/16/2018        |  |                                 | Р                                   | 4,070       | А     | \$         | 85,140   | D                       |                     |  |
| Stock   |                   |  |                                 |                                     |             |       | 13.52      |  |                         |                     |  |
|   |                   |  |                                 |                                     |             |       |            |  |                         |                     |  |

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)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transact<br>Code<br>(Instr. 8) | tionNumber E<br>of (N   |      | 3                   |                    | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--------------------------------------|-------------------------|------|---------------------|--------------------|--|--|---|---|
|   |   |   | Code V                               | (Inst<br>4, an<br>7 (A) | d 5) | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Addr                                  | ess        | Relationships |         |       |  |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|--|
| 1 8  | Director   | 10% Owner     | Officer | Other |  |  |  |  |  |
| CAMPBELL WILLIAM B<br>ONE F.N.B. BLVD<br>HERMITAGE, PA 16148 | Х          |               |         |       |  |  |  |  |  |
| Signatures   |            |               |         |       |  |  |  |  |  |
| William B.<br>Campbell                                       | 05/18/2018 |               |         |       |  |  |  |  |  |
| <u>**</u> Signature of<br>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.