

SIMMONS FIRST NATIONAL CORP
 Form 5
 February 12, 2008

FORM 5

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

OMB APPROVAL

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 Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL 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

1. Name and Address of Reporting Person *
 Gill L Ann

(Last) (First) (Middle)

SIMMONS FIRST NATIONAL CORP., 501 MAIN STREET

(Street)

PINE BLUFF, AR 71603

(City) (State) (Zip)

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

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
 12/31/2007

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
 Sr. VP

6. Individual or Joint/Group Reporting

(check applicable line)

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

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 at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
SFNC				(A) or (D) Price	6,280	D	

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

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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 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. Amount or Number of Shares
					(A) (D)	Date Exercisable	Expiration Date	Title		
Incentive Stock Option	\$ 24.5	05/23/2005	Â	X	0 Â	05/23/2005	05/23/2015	Common		320
Incentive Stock Option	\$ 24.5	05/23/2005	Â	X	0 Â	12/31/2005	05/23/2015	Common		480
Incentive Stock Option	\$ 26.19	05/22/2006	Â	X	0 Â	05/22/2007	05/20/2016	Common		160
Incentive Stock Option	\$ 26.19	05/22/2006	Â	X	0 Â	05/22/2008	05/20/2016	Common		160
Incentive Stock Option	\$ 26.19	05/22/2006	Â	X	0 Â	05/22/2009	05/20/2016	Common		160
Incentive Stock Option	\$ 26.19	05/22/2006	Â	X	0 Â	05/22/2010	05/20/2016	Common		160
Incentive Stock Option	\$ 26.19	05/22/2006	Â	X	0 Â	05/22/2011	05/20/2016	Common		160
Incentive Stock Option	\$ 28.42	05/31/2007	Â	X	0 Â	05/31/2008	05/31/2017	Common		160
Incentive Stock Option	\$ 28.42	05/31/2007	Â	X	0 Â	05/31/2009	05/31/2017	Common		160
Incentive Stock Option	\$ 28.42	05/31/2007	Â	X	0 Â	05/31/2010	05/31/2017	Common		160
Incentive Stock	\$ 28.42	05/31/2007	Â	X	0 Â	05/31/2011	05/31/2017	Common		160

Option

Incentive

Stock \$ 28.42 05/31/2007 X 0 05/31/2012 05/31/2017 Common 160
 Option

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Gill L Ann SIMMONS FIRST NATIONAL CORP. 501 MAIN STREET PINE BLUFF, AR 71603	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sr. VP	<input type="checkbox"/>

Signatures

/s/ L. Ann Gill by Piper P. Erwin 02/12/2008

__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 provided 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.