

FIRST COMMUNITY BANCSHARES INC /NV/
 Form 4
 November 30, 2015

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 *
 SCHUMACHER ROBERT L

2. Issuer Name and Ticker or Trading Symbol
 FIRST COMMUNITY
 BANCSHARES INC /NV/ [FCBC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 P. O. BOX 989
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 11/25/2015

___ Director ___ 10% Owner
 Officer (give title below) ___ Other (specify below)
 General Counsel

BLUEFIELD, VA 24605

(City) (State) (Zip)

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

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 Indirect Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
COMMON STOCK	11/25/2015		M	1,323 A \$ 13.94	6,094.6646	D	
COMMON STOCK	11/25/2015		S	1,323 D \$ 20.1	4,771.6646	D	
COMMON STOCK					16,430.914	I	By Employee Stock Ownership & Savings Plan
					1,900	I	

COMMON
STOCK

By 401(k)
Wrap Plan

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

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SEC 1474
(9-02)

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)
				Code	V (A) (D)	Date Exercisable Expiration Date	Title Amount of Number of Shares
STOCK OPTION	\$ 13.94	11/25/2015		M	1,323	12/31/2001 ⁽¹⁾ ⁽²⁾	COMMON STOCK 1,323
STOCK OPTION	\$ 19.8					12/31/1999 ⁽¹⁾ ⁽²⁾	COMMON STOCK 0.02
STOCK OPTION	\$ 16					12/31/2000 ⁽¹⁾ ⁽²⁾	COMMON STOCK 0.02
STOCK OPTION	\$ 24.65					12/31/2002 ⁽¹⁾ ⁽²⁾	COMMON STOCK 3,970.0
STOCK OPTION	\$ 29.15					12/31/2003 ⁽¹⁾ ⁽²⁾	COMMON STOCK 9,266.0

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SCHUMACHER ROBERT L P. O. BOX 989 BLUEFIELD, VA 24605			General Counsel	

Signatures

/s/ Robert L. Schumacher
11/30/2015
Date

__Signature of Reporting
Person

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) Stock options vest and become exercisable in seven equal annual installments beginning with the date listed.

- Stock options are exercisable until 5 years after retirement at or after age 62, disability or death. If employment is terminated other than
- (2) by retirement at or after 62, disability or death vested options must be exercised within 90 days after the effective date of termination.
Any option not exercised within such period shall be deemed cancelled.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.
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