Edgar Filing: GRISE SARAH GLENN - Form 4

GRISE SARA	AH GLENN									
Form 4										
December 19,	, 2017									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL	
	UNITED S		AITIES A Shington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires:January 31 2009Estimated average burden hours per response0.5				
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a	uant to Section 10) of the Public Ut 30(h) of the In	ility Hold	ing Com	ipany	Act of	f 1935 or Section	n		
(Print or Type Ro	esponses)									
1. Name and Ad GRISE SAR	Name and Ticker or Trading NS FIRST CORP [CZFC]				5. Relationship of Reporting Person(s) to Issuer					
(1 +)		(Check all applicable)				e)				
							X Director Officer (give below)	ive title 10% Owner Other (specify below)		
			Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOWLING	GREEN, KY 421	03						Iore than One Re		
(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	on(A) or Di (D) (Instr. 3,	4 and (A) or	d of 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)		
Common Stock	12/08/2017		Code V A	Amount	(D) A	Price \$ 23.8		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 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 Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	of De Sec Ac (A Dis of (In	orNumber Expiration Dat of (Month/Day/Y		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	s Relationships							
reporting o when I when , i war	Director	10% Owner	Officer	Other					
GRISE SARAH GLENN									
1065 ASHLEY STREET	Х								
BOWLING GREEN, KY 42	103								
Signatures									
Kim Kleis, POA	12/19/2017								
<u>**</u> 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.