## Edgar Filing: JOHNSON J THOMAS - Form 4

JOHNSON J	ΓHOMAS												
Form 4													
September 26,	, 2017									<u></u>			
FORM	<b>PRM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PPROVAL 3235-0287				
Check this if no longe subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed purs Section 17(a	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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								Expires: Estimated a burden hou response	Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type Re	esponses)												
1. Name and Address of Reporting Person <u>*</u> JOHNSON J THOMAS			2. Issuer Name <b>and</b> Ticker or Trading Symbol FIRST COMMUNITY CORP /SC/ [FCCO]					-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O FIRST C CORPORAT BLVD	liddle) SET	3. Date of Earliest Transaction (Month/Day/Year) 09/25/2017						Officer (give title 10% Owner below) Other (specify below)					
	(Street)	ndment, h/Day/Ye		e Original			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>						
LEXINGTON	N, SC 29072								Person	More than One Re	eporting		
(City)	(State) (	State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								lly Owned			
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed onth/Day/Year) Execution Da any (Month/Day/Y			8)	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) o l of (D	)	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	09/25/2017	09/25/2	2017	G		500	D	\$0	33,129	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	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		ionNumber	Expiration Date		Amount of	Derivative	Deriv	
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired			``			Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIIsu
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	The	of		
				C. J. 1	$T(\mathbf{A})$ ( <b>D</b> )						
				Code V	7 (A) (D)				Shares		
_											

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## **Reporting Owners**

 

 Reporting Owner Name / Address
 Relationship

 Director
 10% Owner
 Officer
 Other

 JOHNSON J THOMAS C/O FIRST COMMUNITY CORPORATION 5455 SUNSET BLVD LEXINGTON, SC 29072
 X
 X
 Version
 Version
 Version
 Version

 Signatures J. Thomas Johnson
 09/26/2017
 Version
 Version
 Version
 Version
 Version

<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.