AMES NATIONAL CORP Form 3 April 28, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF 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 Person <u>*</u> Swartz Kevin I	2. Date of Eve Statement (Month/Day/Y		3. Issuer Name and Ticker or Trading Symbol AMES NATIONAL CORP [ATLO]						
(Last) (Firs	t) (Mid	dle) 04/28/2016	04/28/2016		o of Reporting suer		5. If Amendment, Date Original Filed(Month/Day/Year)		
PO BOX 846 (Stre AMES, IA 50	,			(Check a X_ Director Officer (give title below	all applicable) 10% (Other r) (specify belo		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (Stat	e) (Zij	p)	Table I - N	lon-Derivati	ive Securiti	es Ber	neficially Owned		
1.Title of Security (Instr. 4)			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	1		
Common Stock			1,680		D	Â			
Reminder: Report on a owned directly or indi	*	e for each class of secu	urities benefici	ally SI	EC 1473 (7-02))			
i	information required to	no respond to the c contained in this f respond unless the alid OMB control nu	iorm are not e form displa						
Table I	I - Derivativ	e Securities Beneficia	ally Owned (e.	g., puts, calls,	warrants, opt	ions, co	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer	Other		
Swartz Kevin L PO BOX 846 AMES, IA 50010	ÂX	Â	Â	Â		
Signatures						
John P Nelson by power of attorney		04/28/2016)			
**Signature of Reporting Person		Date				

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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.