#### SUMMIT FINANCIAL GROUP INC

Form 4

November 18, 2014

## FORM 4

Check this box

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

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if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * JENNINGS SCOTT C			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			SUMMIT FINANCIAL GROUP INC [SMMF]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Director 10% OwnerX_ Officer (give title Other (specify		
PO BOX 438			11/18/2014	below) below) Sr. VP & COO		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
MOOREFIELD, WV 26836				Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I. Non Don't d'on Commission A.	'		

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Secui	rities Acq	uired, 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. Transaction Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/18/2014		M	880	A	\$ 9.49	1,082.293	D	
Common Stock	11/18/2014		S	750	D	\$ 11.75	332.293	D	
Common Stock							14,092.7155	I	By ESOP

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

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#### number.

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. Transacti Code (Instr. 8)	Deriv Secur Acqu (A) o Dispo of (D	vative rities ired or osed	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 or Number of Shares
Employee Stock Option (Right to Buy)	\$ 9.49	11/18/2014		M		880	12/06/2003	12/06/2017	Common Stock	3,520
Employee Stock Option (Right to Buy)	\$ 17.79						12/12/2004	12/12/2018(1)	Common Stock	7,000
Emplolyee Stock Option (Right to Buy)	\$ 25.93						12/06/2005	12/07/2019(1)	Common Stock	8,000
Employee Stock Option Plan (Right to Buy)	\$ 24.44						12/06/2005	12/06/2015	Common Stock	10,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Troporting O What I tume / I tume obs	Director	10% Owner	Officer	Other				
JENNINGS SCOTT C								
PO BOX 438			Sr. VP & COO					
MOOREFIELD, WV 26836								

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## **Signatures**

Teresa D. Ely Lmtd POA, Attorney-in-Fact

11/18/2014

\*\*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).
- (1) Option expires in 5 equal annual installments with the final date indicated

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.

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