Edgar Filing: MCCARTY JAMES W JR - Form 4

MCCARTY	JAMES W JR											
Form 4												
September 20	0, 2017											
FORM			SECUD	TTIES A		TTA R		COMMISSION	т	PPROVAL		
	UNITE	DSIAIE		hington,			NGE (OMB Number:	3235-0287		
Check thi	is box		vv as	migton,	D.C. 203	949				January 31,		
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				NERSHIP OF	Expires:	2005		
subject to Section 16.				SECURITIES						Estimated average burden hours per		
Form 4 or				SLEOWILLS					response	•		
Form 5	Filed p	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							. coperioen			
obligation may cont		7(a) of the	Public Ut	ility Hold	ing Com	pany	Act o	f 1935 or Sectio	n			
See Instru		30(h)) of the Inv	vestment	Company	y Act	of 19	40				
1(b).												
	`											
(Print or Type F	(Responses)											
1 Name and A	ddress of Reportin	19 Person *	2 Issuer	Nama and	Tieker or 7	Fradin	a	5. Relationship of	f Reporting Per	son(s) to		
	JAMES W JR	-	Symbol	r Name and Ticker or Trading				Issuer	r reporting r er	301(3) 10		
			•	E FINANCIAL SERVICES								
			INC [EF					(Check all applicable)				
(Last)	(First)	(Middle)	-	Earliest Tra	ansaction			Director	109	6 Owner		
				n/Day/Year)			X Officer (give title Other (specify					
P. O. BOX 3	391		09/15/20	-				below) FXFC	below) UTIVE OFFIC	FR		
	(Street)		4 If Amor	4. If Amendment, Date Original								
			onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
			1 neu(won	(II/Day/Tear)				_X_ Form filed by	One Reporting P	erson		
BERRYVIL	LE, VA 22611							Form filed by I Person	More than One R	eporting		
	(64-4-)	(7:)										
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction I			3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Ye		ion Date, if	TransactionAcquired (A) or				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 3) any (Month/Day/			/Day/Year)	CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Owned	Ownership			
		× ·		· · · ·	× ,		·	Following	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(
Common Stock												
Stock, \$2.50 Par	09/15/2017			Р	320	А	\$ 29	39,901.47 <u>(1)</u>	D			
Value												

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.

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 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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
MCCARTY JAMES W JR P. O. BOX 391 BERRYVILLE, VA 22611			EXECUTIVE OFFICER						
Signatures									
James W. McCarty, Jr.	09/20/2017								
**Signature of	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) Includes shares of common stock which have been acquired through the Company's Dividend Investment Plan.

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.

Reporting Person