

FARMERS NATIONAL BANC CORP /OH/
 Form 4
 July 14, 2014

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 of Reporting Person *
 MACALI RALPH D

2. Issuer Name and Ticker or Trading Symbol
 FARMERS NATIONAL BANC CORP /OH/ [FMNB]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 1672 NORTH RD.
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 07/10/2014

Director 10% Owner
 Officer (give title below) Other (specify below)

WARREN, OH 44483
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares	07/10/2014	07/11/2014	P ⁽¹⁾	7 A	\$ 7.55 29,469 ⁽²⁾	D	
Common Shares					25,346	I	By Son
Common Shares					8,674 ⁽³⁾	I	By Son
Common Shares					17,441 ⁽⁴⁾	I	By Ralph Macali, Trustee for RMS Trust
					33,127 ⁽⁵⁾	I	

Common
Shares

By Ralph
Macali,
PMRP
Partnership

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

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Transaction (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MACALI RALPH D 1672 NORTH RD. WARREN, OH 44483		X		

Signatures

/s/ Carl D. Culp, attorney in fact for Ralph D. Macali
Date: 07/14/2014

__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) Shares acquired pursuant to the terms of the Farmers National Banc Corp. Share Ownership Plan.
- (2) Includes the acquisition of 43 common shares pursuant to the Farmers National Banc Corp. (the "Company") Amended Dividend Reinvestment Plan during 2nd Quarter 2014.

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- (3) Includes the acquisition of 33 common shares pursuant to the Farmers National Banc Corp. (the "Company") Amended Dividend Reinvestment Plan during 2nd Quarter 2014.
- (4) Includes the acquisition of 66 common shares pursuant to the Farmers National Banc Corp. (the "Company") Amended Dividend Reinvestment Plan during 2nd Quarter 2014.
- (5) Includes the acquisition of 126 common shares pursuant to the Farmers National Banc Corp. (the "Company") Amended Dividend Reinvestment Plan during 2nd Quarter 2014.

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.