Edgar Filing: SWALLING JOHN C - Form 4

CIVAL I DIC TOTAL

| Form 4 | | | | | | | | | | | |
|--|--|------------|-----------|---|-----------|------------------------|--|---|--|----------|--|
| August 06, 2 | _ | | | | | | | | omb af | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 o | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | Expires:January 31 200Estimated averageburden hours per response0. | | | | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | inue. Section 17 | (a) of the | Public Ut | | ling Con | ipany | y Act of | e Act of 1934, 1935 or Section 0 | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| SWALLING JOHN C Symbol | | | Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | NORTHRIM BANCORP INC [NRIM] | | | | | (Check all applicable) | | | | | |
| (Mo | | | (Month/D | Date of Earliest Transaction Month/Day/Year) 8/03/2018 | | | | Officer (give titleOther (specify below)Dther (specify below) | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| ANCHORA | GE, AK 99503 | | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, if | | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 08/03/2018 | | | Р | 425 | А | \$ 41.4 | 4,726 | D | | |
| Common Stock | 08/03/2018 | | | Р | 200 | А | \$ 41.35 | 4,926 | 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.

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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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | Amou Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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 | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| L O | Director | 10% Owner | Officer | Other | | | | |
| SWALLING JOHN C 3111 C STREET ANCHORAGE, AK 99503 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ John C. Swalling | 08/06/2018 | | | | | | | |
| <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.