#### WISEMAN THOMAS E

Form 4

November 29, 2018

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<b>FORM</b>	1									O	ИВ АР	PROV	AL
	UNITED									OMB Numb	er:		-0287
Check this box if no longer  CTD A TOTAL CONTROL OF										Expire	s:	Janua	
subject to Section 16. Form 4 or	STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response			0.5
Form 5 obligations may continue. See Instruction 1(b).  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 Res	sponses)												
1. Name and Add WISEMAN T		g Person *	2. Issu Symbol	er Name <b>a</b> n	nd Ticker	or Trading		5. Relationsh Issuer	nip of I	Reportin	g Pers	on(s) to	
			OHIO [OVB	VALLE C]	Y BANC	CORP		(	Check	all appl	icable)	)	
(Last) (First) (Middle) 420 3RD AVE., P.O. BOX 240			3. Date of Earliest Transaction (Month/Day/Year) 11/29/2018				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below)				7		
420 3KD A VI	2., F.O. BOX 2	240	11/29/	2018					Pre	sident/C	EO		
	(Street)			nendment, l	_	nal		6. Individual Applicable Lin _X_ Form file Form file	ne) d by Or	ne Repor	ting Per	son	
GALLIPOLIS	s, OH 45631-0	240						Person	ı by wi	ore man	one Rej	orung	
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivativ	e Securiti	ies Acqı	uired, Dispos	ed of,	or Ben	eficiall	y Owne	ed
	Security (Month/Day/Year) Execution Date, if		TransactionAcquired (A) or S Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)  (A)  Or  TransactionAcquired (A) or S R R T			Sec Ber Ow Fol Rep Tra	Amount of curities neficially yned llowing ported unsaction(s) str. 3 and 4)	Forn Dire	ct (D) direct			eficial	

Security	(Monumbay/ 1 car)	Execution Date, ii	Transaction equired (A) of		Securities	Ownership	municet Denemeral	
(Instr. 3)		any	Code	Disposed of (D)		Beneficially	Form:	Ownership
		(Month/Day/Year)	(Instr. 8)	(,,		Owned Following	Direct (D) or Indirect	(Instr. 4)
					(A)	Reported	(I)	
					or	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
_			Code V	Amount	(D) Price	(Ilisti. 3 alid 4)		
Common Shares						21,770.2982	D	
Common Shares						4,431.5496	I	By ESOP
Common Shares						131.1634	I	Custodian for Granddaughter (AEW)
Common Shares						131.1634	I	Custodian for Grandson (RAW)

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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.

**SEC 1474** 

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<ol> <li>Title of</li> </ol>	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Tit	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ctionNum	nber	Expiration D	ate	Amou	unt of	Derivative
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8) Deri	vative			Secur	rities	(Instr. 5)
	Derivative				Secu	ırities			(Instr	. 3 and 4)	
	Security				Acqı	uired					
	·				(A) (	or					
					` ′	osed					
					of (I						
					(Inst	· /					
					4, an	- 1					
					,	/					
										Amount	
							Date	Expiration		or	
							Exercisable Date	•	Title Number of	Number	
								Date		of	
				Code	V (A)	(D)				Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
rioporous o muor riumo / riumo	Director	10% Owner	Officer	Other					
WISEMAN THOMAS E 420 3RD AVE. P.O. BOX 240 GALLIPOLIS, OH 45631-0240	X		President/CEO						
Cianoturoo									

### **Signatures**

/s/ Melissa P. Wooten, power of attorney 11/29/2018

\*\*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.

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