SEC Form 4

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

-	-						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See				FEMEN	IENT OF CHANGES IN BENEFICIAL OWNERSHIP										MB Numbe stimated av			
Instruc		Filed						es Exchange npany Act of		934		ho	ours per re	sponse:	0.5			
1. Name and Address of Reporting Person* SIEBENMORGEN PAUL S					2. Issuer Name and Ticker or Trading Symbol <u>FARMERS & MERCHANTS BANCORP</u> <u>INC</u> [FMAO]								neck all ap X Dire	plicable)	10% 0) Issuer Owner r (specify	
(Last) 10702 E	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/05/2020								w)		below)		
(Street) NOBLESVILLE IN 46060					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								or Joint/Gr				
(City)	(Sta	ate) (Z	Zip)											Form filed by More than One Reportir Person				
		Table	I - Nor	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of,	or Ber	neficia	ally Ow	ned				
Date				Ionth/Day/Year) if any		ution Date,	3. Transa Code (8)			ties Acquired (A I Of (D) (Instr. 3,				Form (D) o	vnership 1: Direct r Indirect 1str. 4)	7. Nature of Indirect Beneficial Ownership		
								v	Amount	(A) or (D)	Price	Trans	action(s) 3 and 4)			(Instr. 4)		
COMMON 06/05/2					2020			S		9,000	D	\$23.0	06	31,606		D		
		Tal		Davissati		curit	ies Acqui	ired. C	Dispo	osed of, o	r Bene	ficial	v Owne	h				
		Ta							ns, c	onvertible				, a				

Security				(A) or Dispo of (D) (Instr and 5	osed) r. 3, 4		Secui 3 and	rity (Instr. 4)	Rep Tra	Following Reported Transaction(s) (Instr. 4)	(I) (Instr. 4)		
		Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

/s/Paul S Siebenmorgen

06/05/2020 ** Signature of Reporting Person Date

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

* 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.

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 Number.