Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington,	D.C.	20549	
rasilligion,	D.C.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response.								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Briggs Andrew J			2. Issuer Name and Ticker or Trading Symbol FARMERS & MERCHANTS BANCORP								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Diiggs Andrew J</u>					INC [ FMAO ]								X				Owner r (specify	
(Last) 130 E. L.	(First) (Middle) NE ST					3. Date of Earliest Transaction (Month/Day/Year) 03/10/2020								Officer (give title Other (specify below) below)				
(Street)	A IN	4	6740		4. If A	ment, I	Date o	of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(Sta	ate) (Z	Zip)												Perso		ie iliali Olie R	eporting
		Table	I - No	n-Deriva	tive S	Secui	ities	Acq	uired,	Dis	posed of	, or Be	ene	ficially	/ Own	ed		
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 and Secu Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership			
								Code V Amount (		(A) or (D)	r Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
СОММО	N			03/10/2	2020				P		300	A	\$	21.22	20	9,420	D	
СОММО	N														17	73,850	I	By Family Trust
СОММО	N														28	33,650	I	By Family Trust
СОММО	N														4	2,311	I	By ESOP
COMMON													232		I	By ESOP (spouse)		
COMMON													89		I	By ESOP (mother- POA)		
		Tal									osed of, o				Owne	d	,	
1. Title of Derivative Security (Instr. 3)	/e Conversion Date Execution Date, Transact or Exercise (Month/Day/Year) if any Code (Ins						Exerci on Da Day/Y	te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership ct (Instr. 4)			
	of Resnons				Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amou or Numb of Share	per				

Remarks:

/s/Andrew J Briggs

03/10/2020

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).