FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSH | IΙΡ |
|--|-----|

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours ner resnonse. | 0.5 | | | | | | | | | |

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

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 ar Eller La (Last) P.O. BO2 (Street) ARCHBO (City) | (Find the second | Н 4 | Middle) 3502 Zip) | | 2. Issuer Name and Ticker or Trading Symbol FARMERS & MERCHANTS BANCORP INC [FMAO] 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (Chec | ck all app Direc Office below | ionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) President & CEO dual or Joint/Group Filing (Check Applicable) 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 | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transac Date (Month/Da | Exec Day/Year) if an | | P.A. Deemed Execution Date, f any Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (ADDisposed Of (D) (Instr. 35) | | | 3, 4 and Securit Benefic Owned | | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | (A) or (D) Pr | | rice | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| COMMO | N | | | | | | | | | | | | 5 | ,776 | | D | | | |
| COMMON 08/18 | | | | | | 2020 | | | P | | 1,200 | A | ١ | \$22 | 6 | 6,976 | | D | |
| COMMON 08/18/ | | | | | | 2020 | | | A | | 3,000(1) | A | ؛ ا | \$0.00 | 9,976 | | D | | |
| COMMON 08/19/ | | | | | 2020 | | P | | 1,100 A | | ؛ ا | \$21.8 | 11,076 | | D | | | | |
| | 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 | Exercise (Month/Day/Year) if any (Month/Day/Year) rivative | | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerci on Da Day/Yo | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | De Se (Ir | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | | | | | | Expiration Date | Amou or Numb of Title Share | | per | | | | | |

Explanation of Responses:

1. Stock acquired as a result of stock awards issued pursuant to the Company's Long Term Incentive Plan

Remarks:

/s/Lars B Eller

08/19/2020

** 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.