## FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hours per response	1.0						

Check	this box if no lo	nger subject			V	vasnin	gton, D	J.C. 205	149					OME	3 APPR	OVAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  ANNUAL STATEMENT OF CHANGES OWNERSHIP  Form 3 Holdings Reported.							IN BI	ENEFIC	CIAL	Es	OMB Number: 32 Estimated average burden hours per response:					
_	Transactions		Filed	I pursuant to S or Section 3									<u>[</u>			
1. Name and Address of Reporting Person*  Burkholder Eugene N  (Last) (First) (Middle)  12730 US HIGHWAY 20A			2. Issuer Name and Ticker or Trading Symbol FARMERS & MERCHANTS BANCORP INC [ FMAO ]  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020					ORP (C	S. Relationship of Reporting Person(s) to Issuer Check all applicable)  X Director 10% Owner Officer (give title below)				Owner r (specify			
(Street) WAUSE (City)	ON OF	I 4	13567 Zip)							ne) X Forr Forr	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	l - Non-Deriva	ative Secu	rities	s Acc	quire	d, Dis	posed	of, or	Benefic	ially Owi	ned			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		ion Date, Transaction Of (D) (Instr. 3, 4 and 5) Code (Instr.		) or Dispose	Securities Beneficially		Ownership   Form: Direct		7. Nature of Indirect Beneficial				
					8)				(A) or (D)	Price	Issuer's	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)			Ownership (Instr. 4)	
COMMC	ON										15,518(1)		D			
COMMON 12/31/2020		J			8,6	644	D <sup>(2)</sup>	\$0.00	0			I	By Trust			
		Та	ble II - Derivat (e.g., pı	ive Securit uts, calls, v									ed	•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	Transaction Code (Instr. 3)  Oberivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Expiration Date (Month/Day/Year)  Expiration Date (Month/Day/Year)  Securit Underly Derivat Securit 3 and 4		ount of urities erlying vative urity (Instr.	8. Price of Derivative Security (Instr. 5)	Derivative derivative Security Securities		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)				

### **Explanation of Responses:**

- $1.\,\,19\,\,Shares\,reflect\,the\,\,Dividend\,\,Reinvestment\,\,Plan\,\,of\,\,the\,\,Issuer's\,\,Common\,\,Stock\,\,which\,\,were\,\,credited\,\,to\,\,the\,\,reporting\,\,individual\,\,since\,\,last\,\,filing\,\,of\,\,6/5/2020.$
- 2. 8,644 FMAO shares of common stock owned in a trust of which Mr. Burkholder is no longer the trustee.

#### Remarks:

Lydia Huber

02/09/2021

\*\* 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.