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| FNB BANCO | ORP/CA/ | | | | | | | | | |
|--|---|---|---|--|--------------------------|--|--|--|---|--|
| Form 4 | 2014 | | | | | | | | | |
| December 19 | | | | | | | | | APPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATE 6. Filed pu 15 inue. Section 17 | MENT OI rsuant to S (a) of the I 30(h) | Expires: Estimated burden ho response. | Expires:January 312005Estimated averageburden hours perresponse0.5 | | | | | | |
| (Print or Type R | tesponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> MCGRAW THOMAS C | | | 2. Issuer Name and Ticker or Trading Symbol FNB BANCORP/CA/ [fnbg] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of | of Earliest T | ransaction | | (Check all applicable) | | | |
| C/O FNB BA CAMINO R | (Month/Day/Year) 12/12/2014 | | | X Director 10% Owner X Officer (give title Other (specify below) below) CEO | | | | | | |
| (Street) 4. If Amendm Filed(Month/E | | | | ay/Year) Applicable Line) _X_ Form filed by Form filed by M | | | y One Reporting F | oint/Group Filing(Check One Reporting Person More than One Reporting | | |
| FRANCISC | O, CA 94080 | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-l | Derivative | Securities A | cquired, Disposed | of, or Beneficia | ally Owned | |
| | 2. Transaction Date (Month/Day/Year) | Execution any | Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Reminder: Rep | ort on a separate lin | e for each cl | ass of sec | urities bene | ficially ow | ned directly | or indirectly. | | | |
| r | ŗ | | | | Perso inforr requi | ns who res nation cont red to resp | spond to the collection tained in this form ond unless the fo ntly valid OMB co | n are not orm | SEC 1474 (9-02) | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amoun |
|-------------|------------|---------------------|--------------------|------------|----------------|-------------------------|--------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | nof Derivative | Expiration Date | Underlying Securit |

number.

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/Year) | | (Instr. 3 and 4) | |
|------------------------------|---|------------|-------------------------|--------------------|---|---------------------|--------------------|------------------|------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Am or Nur of Sha |
| EMPLOYEE STOCK OPTIONS | \$ 28.25 | 12/12/2014 | | Р | 2,003 | 12/12/2014 | 12/12/2024 | COMMON STOCK | 2, |

Reporting Owners

| Reporting Owner Name | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| MCGRAW THOMAS C C/O FNB BANCORP 975 EL CAMINO REAL SOUTH SAN FRANCISC | X | | CEO | | | |
| Signatures | | | | | | |
| THOMAS C MCGRAW | 12/19/2014 | ļ | | | | |
| <u>**</u> Signature of Reporting | 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.

Person