## Edgar Filing: RENASANT CORP - Form 4

DENIAGANT CODE

RENASANT	CORP											
Form 4												
December 02	2, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION									3235-0287			
Check this box Washington, D						549			Number:			
if no longer										January 31, 2005		
subject to		ENIENI U	F CHAN	GES IN BENEFICIAL OWNERSH SECURITIES				NERSHIP OF	Estimated average			
Section 1 Form 4 or		SECU						burden hours per response 0.5				
Form 5		nursuant to	Section 1	6(a) of the	Securit	ies E	xchano	e Act of 1934,	response	0.5		
obligation	<sup>18</sup> Section 1	-					-	f 1935 or Sectio	n			
may conti See Instru	inue.		) of the In	•	•				••			
1(b).	letion		<b>,</b>		1							
(Print or Type R	(esponses)											
	11 (D)	• ₽ *						5 D I .: I . (				
1. Name and A Dorminey O	ddress of Reporti	ing Person _		r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Dominey O	Leonard		Symbol									
RE				RENASANT CORP [RNST]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction									
P, O. BOX 709 12/02/24 (Street) 4. If Ame			/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify					
			12/02/20	12/02/2016				below) below) Executive Vice President				
			Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
			Filed(Mon	Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
TUDELON	15 20002								Jore than One Re			
TUPELO, M	15 38802							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction 1	Date 2A. Dec	emed	ned 3. 4. Securities Acquired				5. Amount of 6. Ownership 7. Nature of				
Security	(Month/Day/Ye	ear) Executi	on Date, if Transaction(A) or Disposed of			-	Securities	Form: Direct	Indirect			
(Instr. 3)		any Manth	(Dars/(V)	Code (D) $(Instr 2, 4 and 5)$			5)	· · · ·	(D) or Indirect (I)	Beneficial		
(Month/Day/Year)			(Instr. 8) (Instr. 3, 4 and 5)			Owned Following	Ownership (Instr. 4)					
						(1)		Reported	(Instr. 4)			
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	12/02/2016			S	7,716	D	\$	26,879	D			
Stock	12/02/2010			5	,,,10	D	41.6	20,077	2			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	SS		Relationships				
1 8	Director	10% Owner	Officer	Other			
Dorminey O Leonard P, O. BOX 709 TUPELO, MS 38802			Executive Vice President				
Signatures							
Leonard Dorminey	12/02/2016						
**Signature of Reporting Person	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.