NIXON DENNIS E

Form 4

February 25, 2009

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

Section 16.
Form 4 or
Form 5

SECURITIES SECURITIES

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. *See* Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

COMMON

STOCK

02/24/2009

(Print or Type Responses)

| 1. Name and Add NIXON DENI | ress of Reporting Per NIS E | Symbol | Name and Ticker or Trace [ATIONAL BANCS: BOC] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--------------------------------------|-----------------------------------------|-----------|-------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|--|
| (Last) P.O. BOX 135 | (First) (Mid | (Month/Da | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2009 | | | | Owner er (specify | | |
| LAREDO, TX | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) (Zi | ip) Table | I - Non-Derivative Secu | ırities Acq | uired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code Disposed of (Instr. 8) (Instr. 3, 4 | 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) | | | |
| COMMON STOCK | 02/24/2009 | | G 1,204 I | D (1) | 2,416,475 | D | | | |

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

G

1,204 A

<u>(1)</u>

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.

SEC 1474

(9-02)

159,955

I

HELD BY

WIFE

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

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transacti | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title Amount | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|------------------------------------------|--------------------------------------|-------------------------------|--------------------|----------------|-------------------------------|--------------------|----------------------------------|----------------------------------------|------------------------|-----------------------------------------------------------|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Tear) | any (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/ | | Underly Securiti (Instr. 3 | ying ies | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---------------------------------|---------------|-----------|---------|-------|--|--|--|
| 1 0 | Director | 10% Owner | Officer | Other | | | |
| NIXON DENNIS E P.O. BOX 1359 | X | | CEO | | | | |
| LAREDO, TX 78040 | | | | | | | |

Signatures

/S/DENNIS

NIXON 02/25/2009

**Signature of Date Reporting Person

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).
- (1) BONA FIDE GIFT

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.

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