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FNB CORP/FL/ Form 4									
April 06, 2016								OMB A	PPROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						-	3235-0287		
Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES								urs per	
(Print or Type Resp	onses)								
Robinson Barry C Sys			Symbol	er Name and ORP/FL/	d Ticker or Ti [FNB]	rading	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle) 3.			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> 0ther (specify below) Chief Consumer Banking Officer		
				nendment, Date Original Ionth/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		
(City)	(State)	(Zip)	Tab	la I Non I	Dorivotivo So	ouritios A	Person cquired, Disposed	of or Bonoficio	lly Ownod
1.Title of 2. Tr	ransaction Date nth/Day/Year)		ed Date, if	3.	4. Securities nAcquired (A Disposed of (Instr. 3, 4 a (A	s A) or F(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

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

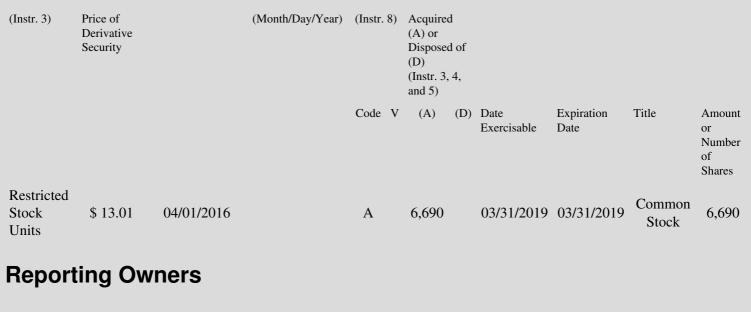
Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
Robinson Barry C ONE NORTH SHORE CEN 12 FEDERAL STREET PITTSBURGH, PA 15212	ΓER		Chief Consumer Banking Officer					
Signatures								
/s/Barry C. Robinson	04/06/2016							

<u>**</u>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.