Lopez-Lay Ginoris Form 4/A May 07, 2018

FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

obligations may continue. See Instruction 1(b).

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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

(Print or Type Responses)

1. Name and Address of Reporting Person * Lopez-Lay Ginoris

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

OMB APPROVAL

3235-0287

January 31,

2005

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OMB

Number:

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response...

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burden hours per

FIRST BANCORP /PR/ [FBP]

(Check all applicable)

(Last) (First) (Middle)

(Street)

3. Date of Earliest Transaction

(Month/Day/Year) 04/25/2018

Director 10% Owner X_ Officer (give title _ Other (specify

6. Individual or Joint/Group Filing(Check

below) **EVP**

P.O. BOX 9146

4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line)

04/26/2018

X Form filed by One Reporting Person Form filed by More than One Reporting

below)

SAN JUAN, PR 00908-0146

5711110071111,	1100000 0110	Person								
(City)	ty) (State) (Zip) Table I - Non-Derivative Securities Ac				ties Acq	equired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
.			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
First BanCorp Common Stock, par value \$0.10 per share.	04/25/2018		A	1,365	A	\$ 7.04	152,982	D		
First BanCorp Common Stock, par value \$0.10 per share.	04/25/2018		D	442	D	\$ 7.04	152,540 (1)	D		

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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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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.	4	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ction	Number	Expiration Da	ate	Amou	ınt of	Derivative	
	Security	or Exercise		any	Code	(of	(Month/Day/	Year)	Under	rlying	Security	
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8) 1	Derivative	•		Secur	ities	(Instr. 5)	
		Derivative					Securities			(Instr.	3 and 4)		
		Security				1	Acquired						
		-				((A) or						
]	Disposed						
						(of (D)						
						((Instr. 3,						
						4	4, and 5)						
											Amount		
								Date	Expiration	m: d	or		
								Exercisable Date	Title Number				
					G 1		(A) (B)				of		
					Code	V ((A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

Lopez-Lay Ginoris

P.O. BOX 9146 EVP

SAN JUAN, PR 00908-0146

Signatures

/s/Ginoris

Lopez-Lay 05/07/2018

**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).

Amended form to correctly state the amount of shares beneficially owned reported on a Form 4 filed on April 26, 2018 with respect to (1) salary stock issued as a portion of the reporting person's salary compensation under the First BanCorp Omnibus Incentive Plan, as amended.

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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