Edgar Filing: HOPFED BANCORP INC - Form 4

HOPFED BANCORP INC

Form 4

December 06, 2016

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

SECURITIES

OMB Number:

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3235-0287

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires:

OMB APPROVAL

2005

0.5

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1 Name and Address of Departing De

12/01/2016

Bancorp

| 1. Name and Address of Reporting Person _ Perkins Richard | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol HOPFED BANCORP INC [HFBC] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|--------------------------------------|---|---|---|--|-------|---|--|--|---|--|
| | (Last) | (First) (1 | Middle) 3. Date o | of Earliest T | ransaction | | - | (Chec | ck all applicable | () | |
| | ` , | ED BANCORP, F | (Month/I | Day/Year) | | | | _X_ Director Officer (give below) | e titleOtho | Owner er (specify | |
| | | | 4. If Am | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Mo | Filed(Month/Day/Year) | | | Applicable Line) | | | | |
| | HOPKINSV | 1 | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | (City) | (State) | (Zip) Tab | le I - Non-I | Derivative | Secui | rities Acq | quired, Disposed o | f, or Beneficial | ly Owned | |
| | 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securit on(A) or Dis (Instr. 3, 4 | spose | d 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) | |
| | HopFed | 12/01/2016 | | Code V | Amount | (D) | Price \$ | 1 100 | D | | |

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

P

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

1,000 A

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| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Titl | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|---------------------------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transacti Code (Instr. 8) | ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Under Securi (Instr. | rlying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------------|--|--|--|--|
| | Director | 10% Owner | Officer Other | | | | |
| Perkins Richard C/O HOPFED BANCORP P.O. BOX 537 HOPKINSVILLE, KY 42241 | X | | | | | | |

Signatures

/s/ Richard
Perkins

**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.

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