## Edgar Filing: Oatman Heather Marie - Form 4

Oatman Heat	ther Marie										
Form 4	-										
May 04, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
-	UNITE	DSIALES			D.C. 20549			OMB Number:	3235-0287		
Check thi		vv as	inington,	D.C. 20	547				January 31		
if no long		EMENT O	F CHANGES IN BENEFICIAL OWNERSHIP OF						Expires: 200		
subject to Section 1		SECURITIES					Estimated average burden hours per				
Form 4 or									response 0.5		
Form 5	They pursuant to see the role of the securities Exchange Act of 1734,										
obligation may cont				•	•	· ·	•	1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compar	iy Ac	t of 194	10			
1(b).											
(Print or Type F	Responses)										
(Time of Type I	(ecponec)										
1. Name and Address of Reporting Person _ 2. Is			2. Issuer	uer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Oatman Hea	Symbol				C	Issuer					
			UNITED BANCSHARES INC/OH [UBOH]				C/OH	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			Director		Owner	
				Month/Day/Year)				XOfficer (give titleOther (specify below)			
105 PROGR	RESSIVE DRI	VE	05/03/20	018				· · · · · · · · · · · · · · · · · · ·	Secretary		
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)			
COLUMPI		15000						_X_ Form filed by C Form filed by M			
COLUMBU	S GROVE, O	H 458 <i>3</i> 0						Person		F8	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Deer	med	3. 4. Securities Acquired				5. Amount of	6. Ownership		
Security	(Month/Day/Yea		on Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct	Indirect Beneficial	
(Instr. 3)		any (Month/l	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)				3)	Beneficially Owned	(D) or Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	``´´			
Stock								279	D		
							¢				
Common $S_{t} = 1^{-1} (1)$	05/03/2018			Р	364	А	\$	12,941	Ι	ESOP (1)	
Stock $(1)$							21.79				

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.

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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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Ad	ldress	Relationships							
	Director	10% Owner	Officer	Other					
Oatman Heather Marie 105 PROGRESSIVE DRIV COLUMBUS GROVE, OH	_		Secretary						
Signatures									
Heather Marie Oatman	05/04/2018								
**Signature of	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).

(1) Shares held in trust through the Corporation's Employee Stock Ownership Plan ("ESOP") for the reporting person.

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.

Reporting Person