Edgar Filing: NORTHRIM BANCORP INC - Form 4

| NORTHRIN Form 4 May 31, 201 | A BANCORP IN | C | | | | | | | | | |
|--------------------------------------------------------------------------------|-----------------------------------------|---------------|----------------------------------------------------------------|--------------------------------------------------------|--------------------------|-----------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| FORM A | | | | | | | | OMB APPROVAL | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. | | | | NGES IN SECUF | | 'ICIA | AL OWN | VERSHIP OF | Expires: January 20 Estimated average burden hours per | | |
| Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b). | Filed pur ons Section 17(| a) of the l | Public U | | ding Co | npan | y Act of | e Act of 1934, 1935 or Section 0 | response | 0.5 | |
| (Print or Type | Responses) | | | | | | | | | | |
| DRABEK ANTHONY Symbol | | | er Name and Ticker or Trading HRIM BANCORP INC [] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Month | | | | tte of Earliest Transaction hth/Day/Year) 1/2016 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| ANCHORA | AGE, AK 99503 | | | | | | | Form filed by Me Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Secu | rities Acqu | iired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | Date, if | 3. Transactic Code (Instr. 8) Code V | omr Dispos (Instr. 3, | (A) or | | 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) | |
| Common Stock | 05/31/2016 | | | P | 735 | A | \$ 26.5523 | 1,785 | D | | |

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.

 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) | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, | ; | Date | Amou Unde Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------|---------------------------------------|----------------------------------------------------------------------|---------------------|--------------------|-----------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: NORTHRIM BANCORP INC - Form 4

Reporting Owners

| Reporting Owner Name / Addro | PSS | Relationships | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|---------|-------|--|--|--|--|
| The pointing of the real of the of th | Director | 10% Owner | Officer | Other | | | | |
| DRABEK ANTHONY 3111 C STREET ANCHORAGE, AK 99503 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Anthony Drabek | 05/31/2016 | | | | | | | |
| **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.