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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

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UNITED BANCSHARES INC/OH Form 3 September 14, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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)

and Address of Devesting

1 3.1

A Eramo Anthony M V	Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol UNITED BANCSHARES INC/OH [UBOH]				
	iddle) 09/05/2015	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
100 S HIGH STREET (Street) COLUMBUS GROVE, OH 45830		Director X Officer (give title below)	Il applicable) 10% (Other (specify belo ancial Officer	ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Z	Zip) Table I - N	on-Derivativ	ve Securiti	es Bei	neficially Owned	
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)	Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	*	
Common Stock	2,000		D	Â		
owned directly or indirectly. Persons w	ne for each class of securities benefici who respond to the collection of on contained in this form are not	SE	C 1473 (7-02))		
	o respond unless the form displa valid OMB control number.	ays a				

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January 31,

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Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Eramo Anthony M V 100 S HIGH STREET COLUMBUS GROVE, OH 45830		Â	Â	Chief Financial Officer	Â		
Signatures							
/s/Anthony M.V. Eramo	09/11/2015						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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.