#### Edgar Filing: Stock Yards Bancorp, Inc. - Form 4

Stock Yards Bancorp, Inc. Form 4 March 30, 2015 <b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1940							<b>WNERSHIP C</b> nge Act of 193 of 1935 or Sec	<b>)F</b> 4,	OMB Numbe Expires Estima burder respon	er: s: ited ave i hours	erage per		
1(b). (Print or Type	e Responses)												
1. Name and Address of Reporting Person _       2. Issu         DAVIS NANCY B       Symbol				ler Name <b>a</b> Yards Βε				5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle) 3. Date (Month				te of Earliest Transaction (th/Day/Year) 6/2015				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> X Officer (give title <u></u> Other (specify below) Exec. Vice President, Treasure					
				Amendment, Date Original Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
(City)	(State)	(Zip)			-	a		Person			<i>6</i> • • •	<b>a b</b>	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	able I - Non-Derivative Securities Additional Securities Acquired         3.       4. Securities Acquired         Transaction(A) or Disposed of (D)         Code       (Instr. 3, 4 and 5)         (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect nership Beneficial m: Ownership ect (D) (Instr. 4) ndirect tr. 4)			irect			
Common Stock	03/26/2015			Code V A	Amount 2,215		Price \$ 33.94	(Instr. 3 and 4) 58,907	D				
Common Stock	03/26/2015			F	788	D	\$ 33.94	58,119	D				
Common Stock								7,625 <u>(1)</u>	I			/ESOP-f y Davis	

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 (9-02)

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# 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ie	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (Right to Buy)	\$ 24.0667					07/17/2006	01/17/2016	Common Stock	8,400	
Option (Right to Buy)	\$ 26.83					08/20/2007	02/20/2017	Common Stock	5,000	
Stock Appreciation Right	\$ 23.37					08/19/2008	02/19/2018	Common Stock	3,200	
Stock Appreciation Right	\$ 22.14					02/17/2010	02/17/2019	Common Stock	3,000	
Stock Appreciation Right	\$ 21.03					02/16/2011	02/16/2020	Common Stock	5,826	
Stock Appreciation Right	\$ 23.76					03/15/2012	03/15/2021	Common Stock	3,484	
Stock Appreciation Right	\$ 22.86					02/20/2013	02/20/2022	Common Stock	6,125	
Stock Appreciation Right	\$ 29.05					02/18/2015	02/18/2024	Common Stock	5,149	
Stock Appreciation Right	\$ 34.43					03/17/2016	03/17/2025	Common Stock	3,973	

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
DAVIS NANCY B 4700 CROFTON ROAD LOUISVILLE, KY 40207			Exec. Vice President, Treasure					
Signatures								
//Nancy B. Davis	03/30/2015							
<u>**</u> 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) Includes annual employer contribution

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.