Southern National Bancorp of Virginia Inc

Form 5

February 17, 2015

Bancorp of Virginia

FORM	5								OMB AI	PPROVAL	
	UNITED S	STATES					GE CO	OMMISSION	OMB Number:	3235-0362	
Check this box if no longer subject			Washington, D.C. 20549						Expires:	January 31,	
to Section 1 Form 4 or I 5 obligation may contin See Instruc	16. Form ANN ns ue. tion	CATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,						Estimated average burden hours per response 1.0			
1(b). Form 3 Hotel Reported Form 4 Transaction Reported	ldings Section 17(a	a) of the l	Public Ut		g Compa	ny A	ct of	1935 or Sectio	n		
1. Name and Ad Jennings W.	ddress of Reporting I Bruce	2. Issuer Name and Ticker or Trading Symbol Southern National Bancorp of Virginia Inc [SONA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (N	(Month/D	Statement for Issuer's Fiscal Year Ended X Director Officer (giv below)					e title 10% Owner Other (specify below)			
11021 MER	ION LANE										
	(Street)	4. If Amendment, Date Original 6. Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting					
								(chec	k applicable line)	
FAIRFAX,Â	A VAÂ 22030						-	_X_ Form Filed by Form Filed by Person	One Reporting Po		
(City)	(State)	(Zip)	Table	e I - Non-Deri	vative Sec	urities	s Acqu	ired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Deemed 3. 4. Securities 5. A sution Date, if Transaction Acquired (A) or Code Disposed of (D) Bernard (A) (Instr. 8) (Instr. 3, 4 and 5) Ow of 1 Fiscure (A)		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
Southern National Bancorp of Virginia Common Stock	Â	Â		Â	Â	Â	Â	14,105 (1)	D	Â	
Southern National	Â	Â		Â	Â	Â	Â	11,000 (2)	D	Â	

Common Stock							
Southern National Bancorp of Â Virginia Common Stock	Â	Â	Â	5,500	I	By IRA	
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	vative rities ired or cosed of cosed of cosed of cosed of coses.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 6.24	Â	Â	Â	Â	Â	02/09/2013(3)	02/09/2022	Common Stock	2,000
Employee Stock Option (Right to Buy)	\$ 9.32	Â	Â	Â	Â	Â	01/29/2014(4)	01/29/2023	Common Stock	3,500

Reporting Owners

Reporting Owner Name / Address	Relationships						
FS	Director	10% Owner	Officer	Other			
Jennings W. Bruce 11021 MERION LANE FAIRFAX. VA 22030	ÂX	Â	Â	Â			

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Signatures

W. Bruce 02/17/2015 Jennings

**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).
- (1) These shares are held in the WBJ Irrevocable Trust.
- (2) These shares are held in the W. Bruce Jennings Revocable Living Trust.
- (3) These options are exercisable as follows: 400 on 2/9/2013, 400 on 2/9/2014, 400 on 2/9/2015, 400 on 2/9/2016, 400 on 2/9/2017.
- (4) These options are exercisable as follows: 700 on 1/29/2014, 700 on 1/29/2015, 700 on 1/29/2016, 700 on 1/29/2017, 700 on 1/29/2018.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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