## Edgar Filing: butler laura beth - Form 4

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Form 4											
June 24, 2009	1									PPROVAL	
	UNITEL	O STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or		CHANGES IN BENEFICIAL OWNERSHIP SECURITIES					Expires: January 31 2009 Estimated average burden hours per response 0.9				
Form 5 obligatior may conti <i>See</i> Instru 1(b).	Section 17	(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	lesponses)										
butler laura beth Symbol			Symbol FIRST C	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				V [None]							
869 JAY BIRD LANE(Month 06/18, (Street)(Street)4. If Ar			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 06/18/2009				Director 10% Owner X Officer (give title Other (specify below) below) EVP & CFO			
				If Amendment, Date Original led(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> </ul>			
GADSEN, T	TN 38337-3977							Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security       2. Transaction Date       2A. Deemed         (Month/Day/Year)       Execution Date         (Instr. 3)       any         (Month/Day/Year)       (Month/Day/Year)		on Date, if	Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			SecuritiesHBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Capital Stock	06/18/2009			Р	100	А	\$ 26	200 <u>(1)</u>	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)

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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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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 / Addres	SS	Relationships							
	Director	10% Owner	Officer	Other					
butler laura beth 869 JAY BIRD LANE GADSEN, TN 38337-3977			EVP & CFO						
Signatures									
Laura Beth Butler	06/18/2009								
<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) Reporting person is a participant in the ESOP Plan of First Citizens National Bank. The report does not include shares that may have accrued under the plan.

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