## Edgar Filing: Knight Bailey Chip - Form 4

Form 4												
August 28, 2									OMB	APPROVAL		
FORM	<b>4</b> UNITED	STATES		RITIES A shington,			NGE	COMMISSION	OMB Number:	3235-028		
Check th			vv a:	sinington,	D.C. 20	547			Expires:	January 31		
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSH SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of Section 17(a) of the Public Utility Holding Company Act of 1935 or 30(h) of the Investment Company Act of 1940						ge Act of 1934, of 1935 or Sectio	F Estimated average burden hours per response 0.8					
(Print or Type	Responses)											
1. Name and A Knight Bail	Address of Reporting ley Chip		Symbol	r Name <b>and</b> D BANC			-	5. Relationship o Issuer				
(Last) (First) (Middle) 3. ]				3. Date of Earliest Transaction (Cr					eck all applicable)			
PO BOX 53	37		(Month/E 08/28/2	•				Director X Officer (giv below) Chie				
HOPKINS	(Street) VILLE, KY 4224			endment, Da nth/Day/Year	-	ıl		6. Individual or J Applicable Line) _X_ Form filed by Form filed by Person		Person		
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Secui	rities Ac	equired, Disposed of	of, or Benefici	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactio Code	4. Securi n(A) or D (D) (Instr. 3,	ties A ispose	cquired d of	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
HopFed Bancorp, Inc.	08/28/2017			Р	32	А	\$ 14.1	2,077	D			
HopFed Bancorp, Inc.								2,112	I	2015 HopFed Bancorp Employee Stock Ownership Plan		

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	'Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						<sup>×</sup>
					4, and 5)						
					,,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Dute		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Add	ress	R		
	Director	10% Owner	Officer	Other
Knight Bailey Chip PO BOX 537 HOPKINSVILLE, KY 422	41		Chief Credit Officer	
Signatures				
/s/ Bailey C. Knight	08/28/2017			
<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).

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