#### Edgar Filing: FARMERS NATIONAL BANC CORP /OH/ - Form 5

FARMERS NATIONAL BANC CORP /OH/ Form 5

January 26, 2007 **OMB APPROVAL** FORM 5 OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations **OWNERSHIP OF SECURITIES** response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **GRAHAM MARK L** Symbol FARMERS NATIONAL BANC (Check all applicable) CORP /OH/ [FMNB.OB]

(Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006 20 SOUTH BROAD ST., PO BOX

> (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year)

### CANFIELD, OHÂ 44406

555

\_X\_ Form Filed by One Reporting Person \_\_\_\_ Form Filed by More than One Reporting Person

10% Owner

below)

VP/Loan Administrator

(check applicable line)

Other (specify

Director

below)

\_X\_\_ Officer (give title

(City)	(State)	(Zip) Tabl	e I - Non-Der	ivative Se	curitie	es Acqu	ired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquirec Disposec (Instr. 3, Amount	l (A) c l of (D 4 and (A) or	)	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Farmers National Banc Corp. Common Stock	Â	Â	Â	Â	Â	Â	3,298.4039	D	Â
Farmers National Banc Corp. Common	Â	Â	Â	Â	Â	Â	417.0231	Ι	See Footnote

#### Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SI contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

# 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 Exerc	cisable and	7. Tit	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	unt of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
	Derivative		-		Securities			(Instr	. 3 and 4)		В
	Security				Acquired						0
	-				(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	•	Title	Number		
									of		
					(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GRAHAM MARK L 20 SOUTH BROAD ST. PO BOX 555 CANFIELD, OH 44406	Â	Â	VP/Loan Administrator	Â			
Signatures							
/s/ Mark L. 01/ Graham	23/2007						

**Explanation of Responses:** 

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) by wife, Diane Graham, Custodian for son, Joel Bouslough, UTMA 41.0763 shares by wife, Diane Graham, Custodian for son, Jordan Graham, UTMA 301.0850 shares by wife, Diane Graham, Custodian for daughter, Tessa Graham, UTMA 74.8618 shares

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.

<u>\*\*</u>Signature of Reporting Person