## Edgar Filing: EAGLE BANCORP INC - Form 4

| EAGLE BA   | NCORP INC       |   |   |  |  |        |   |   |                  |              |                                    |         |                       |
|--|-----------------|---|---|--|--|--------|---|---|------------------|--------------|------------------------------------|---------|-----------------------|
| Form 4   |                 |   |   |  |  |        |   |   |                  |              |                                    |         |                       |
| November 2   | 22, 2016        |   |   |  |  |        |   |   |                  |              |                                    |         |                       |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION  |                 |   |   |  |  |        |   |   |                  | OMB APPROVAL |                                    |         |                       |
| Washington, D.C. 20549   |                 |   |   |  |  |        | COMMISSI                                    | ON  | Number:          |              | 3235-                              | -0287   |                       |
| Check the<br>if no lon<br>subject to<br>Section<br>Form 4<br>Form 5  | or<br>Filed pur | ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>ed pursuant to Section 16(a) of the Securities Exchange Act of 1934, |   |  |  |        |   |   |                  |              | Estimated average burden hours per |         | ry 31,<br>2005<br>0.5 |
| obligatio<br>may cor<br><i>See</i> Inst<br>1(b).   | ons Section 17( | a) of the P   | ublic U   |  | ding Co  | mpar   | y Act                                       | of 1935 or Sec  |                  |              |                                    |         |                       |
| (Print or Type   | Responses)      |   |   |  |  |        |   |   |                  |              |                                    |         |                       |
| 1. Name and Address of Reporting Person <u>*</u><br>Pozez Norman Robert  |                 |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>EAGLE BANCORP INC [EGBN]                                     |  |  |        |   | 5. Relationship of Reporting Person(s) to<br>Issuer   |                  |              |                                    |         |                       |
| (Last)   | (First) (       | ŕ   | 3. Date of Earliest Transaction   |  |  |        |   | (Check all applicable)  |                  |              |                                    |         |                       |
|  |                 |   | (Month/Day/Year)<br>11/21/2016  |  |  |        |   | _X_ Director    10% Owner       Officer (give title     Other (specify below)                           |                  |              |                                    |         |                       |
|  |                 |   |   | If Amendment, Date Original<br>led(Month/Day/Year) |  |        |   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |                  |              |                                    |         |                       |
| FALLS CH   | IURCH, VA 2204  | 2   |   |  |  |        |   | Form filed<br>Person  | by Mo            | ore than O   | ne Repo                            | orting  |                       |
| (City)   | (State)         | (Zip)   | Tab   | le I - Non-l                                       | Derivative   | e Secu | rities A                                    | Acquired, Dispose   | ed of,           | or Bene      | ficially                           | Owne    | d                     |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date<br>any<br>(Month/Day/Year) |                 | Date, if  | 3. 4. Securities<br>TransactionAcquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A)<br>or |  | BeneficiallyFormOwnedDirectFollowingor InReported(I) |        | nership<br>n:<br>ct (D)<br>ndirect<br>r. 4) | 7. Na<br>Indire<br>Bene:<br>Owne<br>(Instr  | ficial<br>ership |              |                                    |         |                       |
| Common   |                 |   |   |  | Amount   | (D)    | Price                                       |   |                  |              |                                    |         |                       |
| Stock  | 11/21/2016      |   |   | G  | 5,500  | D      | \$0   | 8,482   | D                |              |                                    |         |                       |
| Common<br>Stock  |                 |   |   |  |  |        |   | 56,164  | Ι                |              | By<br>prof:<br>plan                | it-shar | ring                  |

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Tit<br>Amou<br>Unde<br>Secur<br>(Instr | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|---|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                                     | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Addres   | 55        | Relationsh |         |       |  |
|---|-----------|------------|---------|-------|--|
| ForBoo  | Director  | 10% Owner  | Officer | Other |  |
| Pozez Norman Robert<br>8191 STRAWBERRY LANI<br>SUITE 3<br>FALLS CHURCH, VA 2204 | Х         |            |         |       |  |
| Signatures  |           |            |         |       |  |
| /s/ Norman R.<br>Pozez 1  | 1/22/2016 |            |         |       |  |
| <u>**</u> Signature of<br>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).

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.