Edgar Filing: SCHIERHORN JOSEPH M - Form 4

SCHIERHOF	RN JOSEPH M										
Form 4											
November 30), 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSI							OMMERION	OMB AF OMB	PROVAL		
		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287			
Check this if no long subject to Section 16 Form 4 or	er STATEM 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> SCHIERHORN JOSEPH M			2. Issuer Name and Ticker or Trading Symbol NORTHRIM BANCORP INC				-	5. Relationship of Reporting Person(s) to Issuer			
			[NRIM]					(Check all applicable)			
(M			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 11/28/2018				_X_ Director10% Owner _X_ Officer (give titleOther (specify below) Provident (CEO, and COO			
(Street) 4. If A			4. If Ame	lf Amendment, Date Original ed(Month/Day/Year)				President, CEO, and COO 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ANCHORA	GE, AK 99503							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if		(A) or			d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock				Code V	Amount	(D)	Price		I	By 401(k)	
Common Stock	11/28/2018			А	2,323	А	\$ 37.06	27,266	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.

Edgar Filing: SCHIERHORN JOSEPH M - Form 4

 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Nso Employee Stock Option (Right to Buy)	\$ 37.06	11/28/2018		A	11,192	11/28/2019 <u>(2)</u>	11/28/2028	Common Stock	11,1

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SCHIERHORN JOSEPH M 3111 C STREET ANCHORAGE, AK 99503	Х		President, CEO, and COO				
Signatures							
/s/ Joseph M. Schierhorn	11/30/201	8					

**Signature of Reporting Date Person

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).

The reporting person's interest in the Northrim Stock Fund of the Northrim Bank Savings Incentive Plan (the "Plan") is held in the form(1) of units of interest. The Plan's administrator calculates the number of shares of issuer common stock represented by units in the Northrim Stock Fund.

(2) One-third of the total amount of such options granted shall vest (ie. become exercisable) each year beginning with this date.

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.