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WESBANC Form 5 February 08											
FORM	15							OMB A	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB Number:	3235-0362			
Check thi no longer		vv as	Washington, D.C. 20549					Expires:	January 31, 2005		
to Section Form 4 or 5 obligation may conti See Instru	Form ANNI ons inue.	OWNER	CATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per response 1.0			
1(b). Form 3 H Reported Form 4 Transactio Reported	oldings Section 17(a	uant to Section 10) of the Public Ut 30(h) of the In	ility Holdin	g Compa	ny A	ct of	1935 or Sectio	'n			
1. Name and A NELSON F	Address of Reporting P FERIC JR	Symbol	2. Issuer Name and Ticker or Trading Symbol WESBANCO INC [WSBC]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	(Month/D	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016				(Check all applicable) <u>X</u> Director <u>10%</u> Owner Officer (give title <u>Other</u> (specify				
C/O WESB BANK PLA	ANCO INC, ON AZA						below)	below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
WHEELIN	G, WV 26003						_X_ Form Filed by Form Filed by I Person	One Reporting P More than One R			
(City)	(State) (Zip) Tabl	e I - Non-Deri	vative Sec	uritie	s Acqu	ired, Disposed o	f, or Beneficial	lly 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned at end	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	Â	Â	Â	Â	Â	Â	29,717 <u>(1)</u>	D	Â		
Common Stock	Â	Â	Â	Â	Â	Â	38,733 <u>(2)</u>	I	By Frederik Eric Nelson Trusts		
Common Stock	Â	Â	Â	Â	Â	Â	335 <u>(3)</u>	Ι	By Children		

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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. 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		4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	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)						Ì
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
									of		
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
NELSON F ERIC JR C/O WESBANCO INC ONE BANK PLAZA WHEELING, WV 26003	ÂX	Â	Â	Â		
Signatures						
/s/ Robert H. Young, Attorney-in-Fact	02/07/2017					

**Signature of 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).
- (1) Includes 500.436 shares acquired from the WesBanco, Inc. Dividend Reinvestment Plan. Also included are 3,520 shares previously reported as indirectly beneficially owned through O & G, Inc., transferred to the reporting person on 12/30/16 and now owned directly.
- (2) Includes 452.98 shares acquired from the WesBanco, Inc. Dividend Reinvestment Plan.
- (3) Includes 9.46 shares acquired from the WesBanco, Inc. Dividend Reinvestment Plan.

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.