### Edgar Filing: FIRST BANCORP /PR/ - Form 4

FIRST BAN	CORP /PR/												
Form 4 February 17,	2017												
	1 /										APPROVAL		
FORM 4 UNITED STATES S				ITIES hingto		NOMB Number:	3235-0287	7					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Settion 16. Filed pursuant to 3 Section 17(a) of the 30(h)			F CHAN	GES I SECU 5(a) of ility H	Expires: Estimated burden ho response.	January 31Expires:200Estimated averageburden hours perresponse0.							
(Print or Type I	Responses)												
1. Name and A Odell Lawre	address of Reporting F ence	Person <u>*</u>	2. Issuer Symbol FIRST I			Ticker or ' P /PR/ []		-	5. Relationship o Issuer				
				Earlies	t Tra	insaction			(Check all applicable)				
P.O. BOX 9	0146		(Month/D 02/15/20	-	<u>;</u> )				Director X_Officer (give below) EVP a		% Owner her (specify unsel		
C A NI II I A NI	(Street)		4. If Amer Filed(Mon			e Original			6. Individual or . Applicable Line) _X_ Form filed by Form filed by		Person		
	, PR 00908-0146	7.							Person				
(City)		(Zip)		e I - No	n-De			ities Ac	quired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
E'mat				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
First BanCorp Common Stock	02/15/2017			А		699 <u>(1)</u>	А	\$ 6.6 (1)	389,936	D			
First BanCorp Common Stock	02/15/2017			F		250 <u>(1)</u>	D	\$ 6.6 (1)	389,686	D			
First BanCorp Common Stock									1,333 <u>(2)</u>	I	Reporting Person's 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.

# 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. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		)r Numbar		
						Exercisable	Date		Number		
				Colo V	(A) (D)				of Shaara		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Add	ress		Relationships				
	Director	10% Owner	Officer	Other			
Odell Lawrence P.O. BOX 9146 SAN JUAN, PR 00908-0146			EVP and General Counsel				
Signatures							
/s/Lawrence Odell	02/17/2017						

## **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).

Salary stock issued bi-weekly as a portion of the reporting person's salary compensation under the First BanCorp Omnibus Incentive Plan, as amended. Salary stock is fully vested on the date of grant. The number of shares represented by this award was determined by dividing the dollar value of the award granted to the reporting person by \$6.60 (the closing price of the Issuer's common stock as quoted on the NYSE on February 15, 2017, the last trading day of the pay period). The shares reported as disposed of were withheld for taxes.

(2) 1,333 shares were acquired for the benefit of the reporting person's children.

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.

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