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

Check this box       UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549       OMB         Check this box       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16.       Expire									OMB Number: Expires: Estimated a burden hou response	irs per			
1(b). (Print or Type Responses)													
RIVERA NAYDA Symbol				Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
						insaction		I	(Check all applicable)				
P.O. BOX 9146 (Month/ 08/05/				Day/Year) 2015					Director 10% Owner X Officer (give title Other (specify below) below) EVP and CRO				
Filed(Mor				ndment, Date Original th/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
(City)	, PR 00908-0146 (State) (	Zip)			P	• .• .		•.•	Person				
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			2 I - Non-Derivative Securities Acq 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
First				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
BanCorp Common Stock	08/05/2015			А		2,278 (1)	A	\$ 4.22 (1)	231,029	D			
First BanCorp Common Stock	08/05/2015			F		627 <u>(1)</u>	D	\$ 4.22 (1)	230,402 (2)	D			
First BanCorp Common Stock									853.4308 <u>(3)</u>	I	Through 401K Plan		

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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 Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	<b>T</b> .4	or		
						Exercisable Date	Date		Number		
				Code V	$(\mathbf{A})$ $(\mathbf{D})$				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships							
	Director	10% Owner	Officer	Other					
RIVERA NAYDA P.O. BOX 9146 SAN JUAN, PR 00908-014	6		EVP and CRO						
Signatures									
/s/Nayda Rivera	08/07/2015								
**~.	_								

<u>\*\*</u>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).

Salary stock issued bi-weekly as a portion of the reporting person's salary compensation under the First BanCorp 2008 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 \$4.22 (the closing price of the Issuer's common stock as quoted on the NYSE on August 05, 2015, the last trading day of the pay period). The shares reported as disposed of were withheld for taxes.

(2) Includes 1,160 shares purchased through the Employee Purchase Plan.

(3) Shares acquired through the 401K Plan Trust

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.