SHIREMAN MICHAEL L

Form 4

August 10, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average

burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

SHIREMAN MICHAEL L			Symbol					Issuer					
				FIRST CAPITAL INC [FCAP]				']	(Check all applicable)				
	(Last)	(First) (Middle)	3. Date of Earliest Transaction					(- · · · · · · · · · · · · · · · · · ·				
				(Month/D	ay/Year)				_X_ Director		Owner		
220 FEDERAL DRIVE			08/09/2018					Officer (give title Other (specify below)					
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
			Filed(Month/Day/Year)					Applicable Line)					
	CODYDON	DI 47110							_X_ Form filed by 0	One Reporting Pe More than One Re			
CORYDON, IN 47112									Person				
	(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
	1.Title of	2. Transaction Date			3.	4. Securi		-	5. Amount of	6. Ownership			
Security (Month/Day/Year) Execution		* * * * * * * * * * * * * * * * * * * *			Securities	Indirect							
	(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 3, 4 and 5) v/Year) (Instr. 8)			3)	Beneficially Owned	Beneficial Ownership (Instr. 4)			
			(IVIOIIII)	Day/ Tear)	(IIIstr. 0)				Following				
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
					Code V	Amount	(D)	Price	(Ilisti. 3 alid 4)				
	Common								12,663	D			
	Stock								,				
	Common	09/00/2019			P	65	A	\$	2 902	I	By Spouse		
	Stock	08/09/2018			Г	03	A	39.23	3,802	1	IRA		
	Common								7 004		D 0		
									5.094	I	Pry Spource		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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By Spouse

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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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl	e 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	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	T:41-	or Name		
						Exercisable	Date		Number		
				G 1 W	(A) (B)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Transfer de la companya de la compan	Director	10% Owner	Officer	Other			
SHIREMAN MICHAEL L							
220 FEDERAL DRIVE	X						
CORYDON, IN 47112							

Signatures

/s/ M. Christopher Frederick, by power of attorney 08/10/2018

**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).

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.

Reporting Owners 2