Allegiance Bancshares, Inc.

Form 4 May 03, 2017

FORM 4

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

OMB Number:

3235-0287

0.5

Check this box if no longer subject to

January 31, Expires: 2005

OMB APPROVAL

Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response...

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** Kuzdzal Shanna R. | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|----------|----------|--|---|--|--|--|
| | | | Allegiance Bancshares, Inc. [ABTX] | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | |
| 8847 WEST SAM HOUSTON PARKWAY, N., SUITE 200 | | | (Month/Day/Year) 05/01/2017 | Director 10% Owner _X_ Officer (give title Other (specify below) EVP and General Counsel | | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| HOUSTON | TX 77040 | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |

HOUSTON, TX 77040

(Ctata)

| (City) | (State) (2 | Table | I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed | of, or Beneficia | lly Owned |
|---------------------|---------------------|------------------------|--------------------|-------------|-----------|---------|---------------------------------|----------------------------|------------------------|
| 1.Title of | 2. Transaction Date | | 3. | 4. Securi | | _ | 5. Amount of | 6. Ownership | 7. Nature of |
| Security (Instr. 3) | (Month/Day/Year) | Execution Date, if any | Transactio Code | Disposed | ` ′ | | Securities Beneficially | Form: Direct (D) or | Indirect Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, | 4 and | 5) | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| | | | | | (A) | | Reported | (111501. 4) | (IIISu. +) |
| | | | | | (A) or | | Transaction(s) (Instr. 3 and 4) | | |
| | | | Code V | Amount | (D) | Price | (moure and i) | | |
| Common Stock | 05/01/2017 | | A | 8,000 | A | \$0 | 8,000 | D | |

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.

Person

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 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. Transaction Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | | ate Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | of ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---|---|---------------------|--------------------|---|---------------|---|---|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kuzdzal Shanna R. 8847 WEST SAM HOUSTON PARKWAY, N. SUITE 200 HOUSTON, TX 77040

EVP and General Counsel

Signatures

/s/ Shanna Kuzdzal 05/03/2017

**Signature of Date Reporting 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).

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.

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