## Edgar Filing: FIRST BANCORP /NC/ - Form 4/A

FIRST BAN	CORP /NC/										
Form 4/A											
December 13	3, 2011										
FORM	14									PPROVAL	
	Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
	Check this box if no longer							Expires:	January 31, 2005		
subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated a	stimated average	
Section 1		SECURITIES							burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5	
obligation		<b>^</b>					-	of 1935 or Section	n		
may cont	inue.		) of the In	•	•	· ·			11		
See Instru 1(b).	iction	50(11)	) of the m	vestment	compan	y 110	. 01 17	10			
1(0).											
(Print or Type F	Responses)										
					5. Relationship of Issuer	Reporting Pers	son(s) to				
NIXON IEI	Symbol		E BIGU		~	155001					
			FIRST BANCORP /NC/ [FBNC]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
			(Month/Day/Year)					Director 10% Owner X Officer (give title Other (specify			
			12/09/2011					below) below)			
								EXI	ECUTIVE VP		
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filir	ng(Check	
			Filed(Month/Day/Year)					Applicable Line)			
			12/13/2011					_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
								Person		1 0	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative s	Secur	ities Ac	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y		on Date, if		on(A) or Di	spose	d of	Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					-	(D) or Indirect (I)	Beneficial Ownership	
		(Ivioinui/	Day/ I cal)	(Insu. 0)	(111501.5,	+ anu	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
a				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	12/09/2011			F	2,160	D	\$ 11.3	23,165.8259	D		
STOCK							11.5				

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. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amount of	Derivative	Deriv
Security	or Exercise	•	any	Code	of	(Month/Day,	/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and	. ,	Owne
	Security				Acquired			<b>,</b>		Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					(
					4, and 5)					
					., and 5)					
								Amo	unt	
						Date	Expiration	or		
						Exercisable	Date	Title Num	ber	
						Excicisable	Date	of		
				Code V	(A) (D)			Share	es	
_										
Repo	rtina O	wners								

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## neputing

Reporting Owner Name / Address		Re					
	Director	10% Owner	Officer	Other			
NIXON TERESA C							
	EXECUTIVE VP						
Signatures							
/s/ Timothy S. Maples, Attorney-in-fact		12/13/20	011				
**Signature of Reporting Person		Date					
Explanation of Responses:							

## ١P

\* 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.