FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty			*									5 D-1-4:-		t.' D	(-) t- I	
Name and Address of Reporting Person* Fuller Michael D.					2. Issuer Name and Ticker or Trading Symbol ServisFirst Bancshares, Inc. [SFBS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 850 SHADES CREEK PARKWAY				, 3.	3. Date of Earliest Transaction (Month/Day/Year) 04/23/2015						:)	Office	er (give title belo	ow)	Other (specify b	elow)
(Street) BIRMINGHAM, AL 35209					4. If Amendment, Date Original Filed(Month/Day/Year) 04/23/2015						ear)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						uired, Disp	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day)	Year) Exe	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4)		Following	Ownership Form:	Beneficial		
						Code	V	Amount	(A) or (D)	Price	Ì	isu. 3 and 4)		\ /	Ownership (Instr. 4)	
Common	Stock		04/23/201	5			P		24,095 (1)	A	\$ 34.813 (2)	32 110,59	1 (3)		D	
			Tal					the red, l	form dis	splays	s a curr Benefici	ently valid	OMB con	spond unle trol numbe		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution I any	Deemed ution Date,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		5.		and Expiration Date (Month/Day/Year)		e 7. te Ai Ui Se	Title and mount of inderlying ecurities astr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire	Beneficia Ownershi (Instr. 4)
					Code	V ((A) (D)			Expira Date	ation Ti	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fuller Michael D. 850 SHADES CREEK PARKWAY BIRMINGHAM, AL 35209	X					

Signatures

/s/ Michael D. Fuller	02/10/2016
**Signature of Reporting Person	Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Commission on the date hereof.

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The original report inadvertently disclosed a purchase of 23,695 shares of common stock rather than the 24,095 shares of common stock acquired by the reporting person.
- The price reported in column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$34.54 to \$34.9886, inclusive. The (2) reporting person undertakes to provide the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote (2).
- The amount reported in Column 5 reflects the total number of shares of common stock beneficially owned by the reporting person after such transaction, after taking into (3) account the previously unreported transactions that occurred prior to such date and are reported on the reporting person's Form 5 filed with the Securities and Exchange

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.