BANCFIRST CORP /OK/

Form 4

November 14, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

Expires:

5. Relationship of Reporting Person(s) to

(Cl- - -1- -11 - - -1: - -1-1-)

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

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

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

2. Issuer Name and Ticker or Trading

BANCFIRST CORP /OK/ [BANF]

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

1(b).

(Print or Type Responses)

JOHSTONE WILLIAM O

1. Name and Address of Reporting Person *

			Bin (Bin (Bin (Bin (I))			(Check all applicable)							
(Last)	(First)	(Middle)	3. Date of Earliest Transaction										
(Month/Da			h/Day/Year)					_X_ Director		Owner			
101 N. BROADWAY 11/12/20			014					_X_ Officer (give title Other (specify					
									below)	below) ice Chairman			
(Street) 4. If Amer				mendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mor	th/Day/	Year)				Applicable Line)				
									X Form filed by 0	1 0			
OKLAHOMA CITY, OK 73102									Form filed by More than One Reporting Person				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of	2. Transaction D	ate 2A. Dee	med	3.		4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security (Month/Day/Year) Execution Date, if (Instr. 3) any				Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct			
				Code (Instr. 3, 4 and 5)					Beneficially	(D) or	Beneficial		
		(Month/	Day/Year)	Day/Year) (Instr. 8)					Owned Indirect (I) Owners Following (Instr. 4) (Instr. 4 Reported				
							(A)		Transaction(s)				
				G 1			or	ъ.	(Instr. 3 and 4)				
				Code	V	Amount	(D)	Price			NT . 1		
Common	11/12/2014			G		1,600	D	\$	2,400	I	Natchez		
Stock						,		68.64	,		L.P.		
Common								\$			Natchez		
Stock	11/12/2014			G		400	D	68.64	2,000	I	L.P.		
Stock								00.01			Д.1 .		
Common									2,661.39	I	ESOP		
Stock									2,001.39	1	LSOI		
Common													
Common									4,000	D			
Stock													

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

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SEC 1474 (9-02)

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

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title Amour Underl Securit (Instr.	ınt of rlying	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	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Transfer de la companya de la compan	Director	10% Owner	Officer	Other			
JOHSTONE WILLIAM O							
101 N. BROADWAY	X		Vice Chairman				
OKLAHOMA CITY, OK 73102							

Signatures

By: Randy Foraker For: William Johnstone 11/14/2014

**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).

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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