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

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

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#### 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

(Fint of Type Responses)											
<ol> <li>Name and Address of Reporting Person – Fuller Michael D.</li> </ol>	2. Issuer Name <b>and</b> 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) 850 SHADES CREEK PARKWAY	-	3. Date of Earliest Tr 06/15/2015	ransaction (I	Mont	h/Day/Yea	ar)		Officer (give title below)Ot	her (specify belo	ow)	
(Street) BIRMINGHAM, AL 35209		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)		Fable I - No	on-De	erivative S	Securitie	s Acqu	ired, Disposed of, or Beneficially Own	ned		
1.Title of Security	2. Transaction	2A. Deemed	3. Transact	ion	4. Securi	ties Acqu	iired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)	Date	Execution Date, if	Code		(A) or Di	sposed o	f(D)	Owned Following Reported	Ownership	of Indirect	
	(Month/Day/Year)		(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)	Form:	Beneficial	
		(Month/Day/Year)					ſ	(Instr. 3 and 4)		Ownership	
									or Indirect	(Instr. 4)	
			<b>C</b> 1		<b>.</b> .	(A) or	р. <sup>.</sup>		(I) (I)		
			Code	V	Amount	(D)	Price		(Instr. 4)		

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 SEC 1474 (9-02) 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	3A. Deemed	4.		5. Num	ber	6. Date Exerci	sable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion			Expiration Dat	te	of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day/Y	'ear)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securiti				(Instr. 3 and	4)			Derivative	Ownership
	Derivative					Acquire	ed								(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	ed							or Indirect	
						of (D) (Instr. 3	2 4						Transaction(s) (Instr. 4)	(1) (Instr. 4)	
						and 5)	, <del>-</del> ,						(111501. 4)	(11150.4)	
						unu o)	1								
											Amount				
								Date	Expiration	Title	or Number				
								Exercisable	Date		of				
				Code	v	(A)	(D)				Shares				
				coue	•	(11)	(D)				Shares				
Stock															
Option	\$ 37.14	06/15/2015		А		6.500		06/15/2018	06/15/2023	Common	6,500	\$ 0	6,500	D	
(Right	\$ 57.14	00/13/2013		A		0,500		00/13/2018	00/13/2023	Stock	0,500	\$0	0,500	D	
to Buy)															
10 D (a))															

## **Reporting Owners**

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

### Signatures

# **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.