UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB Number: 3235-0287 Washington, D.C. 20549 Estimated average burden hours per response... 0.5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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 Typ	e Responses	·)																	
1. Name and Address of Reporting Person* FOSHEE WILLIAM M				2. Issuer Name and Ticker or Trading Symbol ServisFirst Bancshares, Inc. [SFBS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 5120 STRATFORD ROAD				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2016								X Officer (give title below) Other (specify below) CFO/EVP							
(Street) BIRMINGHAM, AL 35242			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)				Table I - Non-Derivative Securities Acquire							red, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, i any (Month/Day/Year		f Co (Ir	(Instr. 8)		4. Securities Ac (A) or Disposed (Instr. 3, 4 and		Own 5) Tran		5. Amount of Securities Beneficially Owned Following Reported Fransaction(s) Instr. 3 and 4)			Ownership of Form:		Nature Indirect eneficial wnership		
				(**************************************			Code	V		(A) or (D)	Price	,			or Indirect (I) (Instr. 4)		str. 4)		
COMMON STOCK		03/01/2016				S		1,866 (1)	D	\$ 36.99 (2)	186,	501			D				
Reminder: I	Report on a se	eparate line for each						Pe in a	ersor this curre	form are ently valid	not d ON	required IB contro	to re	spond u nber.		on contain form displa		C 147	4 (9-02)
			Table II -							osed of, o			Owned	l					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			4. Transaction Code of (Instr. 8) Deriva Securi Acquir (A) or Dispos of (D) (Instr. 4, and		ative ities red sed	(Month/Da tive ties red sed 3,		ate		7. Title and Amour Underlying Securit (Instr. 3 and 4)		curities		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	rship of ative ty: (D) arect	Beneficia Ownersh (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisa	ıble	Expiration Date	on	Title		Amount or Number of Shares					
STOCK OPTION (RIGHT TO BUY)	\$ 8.33							(3)	02/16/2	2020	COMM		15,000		15,000	D		
STOCK OPTION (RIGHT TO BUY)	\$ 8.33							01/19/2	2016	01/19/2	2021	COMM		7,500		22,500	D		
STOCK OPTION (RIGHT TO BUY)	\$ 10							02/21/2	2017	02/21/2	2022	COMM STO		7,500		30,000	D		

Reporting Owners

	Relationships						
Reporting Owner Name /	Director	10% Owner	Officer	Other			
Address							

FOSHEE WILLIAM M 5120 STRATFORD ROAD BIRMINGHAM, AL 35242

Signatures

/s/ Edison K. Woodie III, attorney-in-fact	03/01/2016
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These shares were sold pursuant to a Rule 10b5-1 plan.
- The price reported in column 4 is a weighted average price. The shares sold in multiple transactions ranging in price from \$36.715 to \$37.325, inclusive. The reporting person undertakes to (2) provide ServisFirst Bancshares, Inc., any security holder of ServisFirst Bancshares, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price set forth in this footnote (2) to this Form 4.
- (3) 3,000 options exercisable on 2/16/2014 and 12,000 options exercisable on 2/16/2015.

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.