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

| | pe Responses |) | | | | | | | | | | | | | | | |
|---|---|-------------------------------------|---|--|--|-----------------------------------|---|---|--|--|--|-----------|--|---|---|--|--------------------|
| 1. Name and Address of Reporting Person* MORRIS BUFORD HARRISON III | | | | 2. Issuer Name and Ticker or Trading Symbol ServisFirst Bancshares, Inc. [SFBS] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| (Last) (First) (Middle) 3207 FOXRIDGE ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2018 | | | | | | X Officer (give title below) Other (specify below) EVP, Regional CEO | | | | | | | |
| (Street) | | | 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 | | | | | | | | |
| DOTHA! | N, AL 3630 | (State) | (Zip) | | | | | | | | | | | | | | |
| (City | | (State) | (Zip) | | | Ta | ble I - No | on-Der | ivative S | ecuriti | ies Acqu | ired, I | Disposed o | of, or Benef | icially Owne | d | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year | 2A. Deemed Execution Date, if any (Month/Day/Year) | | if C | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | V | Amount | (A) o (D) | Price | | | | | (I) (Instr. 4) | |
| COMMO | N STOCK | | 05/23/2018 | | | | G | V | 850 | D | \$ 0 | 141, | 632.40 | | | D | |
| COMMON STOCK | | | | | | | | | | | 18 | | | I | Held in spouse's IRA | | |
| Reminder: 1 | Report on a so | eparate line for each | class of securities be | · Derivat | ive Secur | ities . | F ii a Acquired | Persor n this curre | form are ently vali | e not rid OM | required B contr | d to re | spond u nber. | | on containe form displa | | 2 1474 (9-02) |
| 1 75'41 . 6 | 12 | 2 55 4 | 24 D 1 | (e.g., pu | ts, calls, | warra | | | onvertible | | | 1.4 | , , | 0 D : C | 0.31 1 | C 10 | 11.37.4 |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | Date (Month/Day/Year) | | Transaction Number of | | | Expiration D. (Month/Day/) ive les ed ed ed | | | | 7. Title and Ar Underlying Se (Instr. 3 and 4) | | curities | Derivative Security | 9. Number of Derivative Securities | Owner Form o | |
| | Security | | | | Acqu (A) o Disp of (E (Inst | or osed O) r. 3, | | | | | | | | (Instr. 5) | Beneficially Owned Following Reported Transaction (Instr. 4) | Securit Direct or Indi | y: (Instr. 4) rect |
| | | | | Code | Acqu (A) o Disp of (I (Inst 4, an | or osed O) r. 3, | Date Exercis | able | Expiration Date | on | Title | | Amount or Number of Shares | (instr. 5) | Owned Following Reported Transaction | Securit Direct or India (s) (I) | y: (Instr. 4) rect |
| STOCK OPTION (RIGHT TO BUY) | Security | | | Code | Acqu (A) o Disp of (I (Inst 4, an | or osed O) r. 3, d 5) | Date Exercis | | | | Title COMN STO | | or Number of | (instr. 5) | Owned Following Reported Transaction | Securit Direct or India (s) (I) | y: (Instr. 4) rect |
| OPTION (RIGHT TO | \$ 15.085 | | | Code | Acqu (A) o Disp of (I (Inst 4, an | or osed O) r. 3, d 5) | Date Exercis | /2020 | Date | 2025 | COMN | CK MON | or Number of Shares 5,000 | (instr. 5) | Owned Following Reported Transaction (Instr. 4) | Securit Direct or Indi (s) (I) (Instr. 4 | y: (Instr. 4) rect |

Reporting Owners

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

|--|--|

Signatures

| /s/ Davis S. Mange, attorney-in-fact | 05/23/2018 |
|--------------------------------------|------------|
| **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.